



Doshi Diagnostic

I M A G I N G S E R V I C E S

INSURANCE MATRIX 2012

Please make note of recent changes in regards to the following insurance companies:

DATE	INSURANCE	COMMENTS
1/1/2012	OXFORD MEDICARE PLAN	EFF 1/1/2012 OXFORD MEDICARE PLANS -AARP MEDICARE COMPLETE, EVERVARE AND SECURE HORIZONS ARE TRANSITIONED TO UNITED HEALTHCARE SYSTEM. CLAIMS WILL BE PROCESSED BY UHC. FOR ELIG, CLAIMS STATUS AND YOU NEED TO LOG ON TO WWW.UNITEDHEALTHCARE.COM. AUTH REQUIREMENTS FOLLOWS UHC AUTH POLICY, DEPENDING ON PATIENT PLAN. CALL TEL# ON BACK OF INSURANCE CARD TO CONFIRM AUTH REQ. FOR MRI/MRA, CT, CTA, PETSCAN AND NUCLEAR MED. AND NUCLEAR CARDIOLOGY STUDIES.
1/1/2012	UNITED HEALTHCARE LOGO CHANGE	EFFECTIVE 1/1/2012 UNITED HEALTHCARE CHANGE THEIR LOGO ON MEDICARE ADVANTAGE PLANS SUCH AS SECURE HORIZONS, EVERCARE, AARP MEDICARE COMPLETE ID CARDS TO SHOW UNITED HEALTHCARE NAME/ LOGO. THE CHANGE TO THE UNIFIED NAME WILL MAKE IT SIMPLER FOR ALL.
12/29/2011	1199 HOMECARE MEMBERS	EFF 10/31/2011 CONTRACT BETWEEN 1199 AND FIDELIS WAS TERMINATED. AS OF 11/1/2011 ALL 1199 HOMECARE CLAIMS ARE PROCESS BY MEDFOCUS AND AUTH IS NEEDED FROM CARETOCARE FOR CT, CTA, MRI, MRA and PETSCANS
12/12/2011	CIGNA - AMERICAN IMAGING	EFF 1/1/2012 AIM WILL NO LONGER MANAGE DIAGNOSTIC IMAGING SERVICES ON BEHALF OF CIGNA. MEDSOLUTIONS WILL BE THE RADIOLOGY VENDOR FOR CIGNA. CALL MEDSOLUTIONS AT 888-693-3297 TO VERIFY AUTH OR LOG ON TO CIGNA.MEDSOLUTIONSONLINE.COM.

*****Please be advised: This insurance matrix is updated Monthly. While the best efforts are made to insure accuracy, insurance companies change their guidelines occasionally. Please contact the insurance company in the event of any discrepancies. Their telephone numbers can be found within our comment column. If you need further assistance, please contact a DOSHI center manager.**

REQUIREMENTS TO BILL INSURANCE COMPANIES 2010															
INSURANCE CO.	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	WEBSITE ADDRESS	REFERRAL REQUIRED	AUTHORIZATION REQUIRED										COMMENTS	
				PET SCAN & PETCT	MRA & MRI	CT SCAN & CT ANGIOGRAPHY	SONO	MAMMO	X-RAYS	VASCULAR STUDIES	ECHO	NUCLEAR MEDICINE & NUCLEAR CARDIOLOGY	BREAST BIOPSY		
1199 NATIONAL BENEFIT FUND	ELIGILITY MUST BE VERIFIED BY PHONE		DOCTORS REFERAL NEEDED	YES	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	For Authorizations call Care to Care at 1-888-910-1199 OR log on to https://careportal.caretocare.com / PET CT Will need 4 auth approval Numbers., FOR ELIGILITY CALL THE UNION AT (646) 473-7446 NO COPAY NEEDED EFF 11/1/2011 - ALL 1199 HOMECARE CLAIMS ARE PROCESS BY MEDFOCUS. AUTH NEEDED FROM CARETOCARE FOR MRI, MRA, CT/CTA, and PET. AUTH MUST MATCH PROCEDURE PERFORMED. INSURANCE WILL NOT PAY FOR PROCEDURES NOT MATCHING THE AUTH. YOU MUST CALL CARE TO CARE AND HAVE THE AUTH CORRECTED.
ACCESS MEDICARE MEDICARE HMO	ELIGILITY MUST BE VERIFIED BY PHONE		DOCTORS REFERAL NEEDED	YES	YES	YES	YES	YES	YES	YES	YES	YES			AUTH NEEDED FOR ALL PROCEDURE BY CALLING 877 - 696- 1118. MUST CONFIRM ELIGIBILITY AND COPAYMENT 877-696-1121. ACCESS MEDICARE ALSO GOES BY THE NAME CUATRO LLC.
ADAP PLUS (NY STATE DEPARTMENT			DOCTORS REFERAL NEEDED	ADAP IS A GOVERNMENT PLAN AND DOES NOT COVER ANY RADIOLOGY STUDIES. YOU NEED TO BILL OTHER MEDICAL INSURANCE FROM PATIENT IF NO OTHER INSURANCE, PATIENT IS RESPONSIBLE.. (ADAP - 800-542-2437)										ADAP IS A GOVERNMENT PLAN AND DOES NOT COVER ANY RADIOLOGY STUDIES. YOU NEED TO BILL OTHER MEDICAL INSURANCE FROM PATIENT IF NO OTHER INSURANCE, BILL PATIENT. (800-542-2437)	
AETNA - * ALL COMMERCIALS PLAN * PPO, EPO ** (ID# STARTS WITH THE LETTER W)	NEED AETNA WEB SITE ELIG PRINT - OUT	WWW.AETNA.COM	DOCTORS REFERAL NEEDED	YES THRU CARECORE 888-622-7329	YES THRU CARECORE 888-622-7329	YES THRU CARECORE 888-622-7329	NO	NO	NO	NO	NO	NO	YES, ONLY NUCLEAR CARDIOLOGY THRU CARECORE 888-622-7329	AUTH NEEDED DEPENDING ON MEMBERS PLAN .CALL AETNA DIRECT AND VERIFY WHETHER AUTH IS NEEDED	<u>FOR AUTH CALL CARECORE AT 1-888-622-7329 /OR WWW.CARECORENATIONAL.COM</u>
AETNA HMO GOLDEN MEDICARE PLANS (ALL MEDICARE PLANS) *	NEED AETNA WEB SITE ELIG PRINT- OUT	<u>FOR ELIGIBILITY WWW.AETNA.COM</u> <u>// FOR AUTH WWW.CARECORE NATIONAL.COM</u>	USHC REFERRAL NEEDED FOR ALL 90000'S SERIES, NEED REF FOR 93015 WHEN DOING CARDIOLYTE & STRESS THALLIUM.	YES, thru Care Core	YES, ALL MRA'S & MRI'S thru Care Core	YES, ALL CT'S EXCEPT DEXA	OB SONO'S 76801,76802,7680 5,76810, 76811 ,76812,76813,768 14,76815,76816 ,76817,76818,768 19,76820,76821,7 6825,76826,76827 ,76828 BEYOND THREE STUDIES*	NO/ ROUTINE MAMMO FOR AGE 40+ COVER ONE PER YEAR	NO	NO	NO	NO	YES,ALL NUCLEAR MEDICINE & NUCLEAR CARDIOLOGY -FOR CARDIOLYTE GET AUTH FOR 78465- 78478- 78480 thru Carecore	YES, CALL AETNA DIRECT AT 800- 223-6857 OPTION 3	FOR AUTH CALL CARE CORE AT 888-622-7329 ...GOLDEN MEDICARE PLAN REPLACES MEDICARE ** <u>FOR BREAST BIOPSY STUDIES CALL AETNA DIRECT 800-223-6857. OPTION 3</u>

REQUIREMENTS TO BILL INSURANCE COMPANIES 2010															
INSURANCE CO.	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	WEBSITE ADDRESS	REFERRAL REQUIRED	AUTHORIZATION REQUIRED										COMMENTS	
				PET SCAN & PETCT	MRA & MRI	CT SCAN & CT ANGIOGRAPHY	SONO	MAMMO	X-RAYS	VASCULAR STUDIES	ECHO	NUCLEAR MEDICINE & NUCLEAR CARDIOLOGY	BREAST BIOPSY		
AETNA-HMOs RISK /PLANS	NEED AETNA WEB SITE ELIG PRINT- OUT	FOR ELIGIBILITY WWW.AETNA.COM // FOR AUTH WWW.CARECORE NATIONAL.COM	NEED USHC ELECTRONIC REFERRAL # FOR 90000 SERIES (NOT ALL PLANS NEED REF-MUST CALL AETNA TO VERIFY) NEED REF FOR 93015 WHEN DOING CARDIOLYTE & STRESS THALLIUM.	NEED OXFORD ELECTRONIC REFERRAL # FOR 90000 SERIES (NOT ALL PLANS NEED REF-MUST CALL TO VERIFY)	YES, ALL MRAs & MRIS	YES, ALL CT'S EXCEPT DEXA	OB SONO'S 76801,76802,7680 5,76810, 76811 ,76812,76813,768 14,76815,76816 ,76817,76818,768 19,76820,76821,7 6825,76826,76827 ,76828 BEYOND THREE STUDIES*	NO/ ROUTINE MAMMO FOR AGE 40+ COVER ONE PER YEAR	NO	NO	NO	NO	YES, ALL NUCLEAR MEDICINE- FOR CARDIOLYTE GET AUTH FOR 78465- 78478- 78480	AUTH NEEDED DEPENDING ON MEMBERS PLAN/CAL L AETNA DIRECT 800-223- 6857	FOR AUTHORIZATION CALL CARE CORE. CALL AT 1- 888-622-7329 OR CHECK THE WEB SITE: CARECORE.NATIONAL.COM /// THE REFERRING PHYSICIAN MUST OBTAIN THE PRE-CERTIFICATION. AUTH ARE GOOD FOR 45 DAYS ONLY. <u>FOR BREAST BIOPSY STUDIES CALL AETNA DIRECT 800-223-6857 OPTION 3</u> NEED USHC ELECTRONIC REFERRAL # FOR 90000 SERIES (NOT ALL PLANS NEED REF-MUST CALL INS TO VERIFY)
AETNA- CARECORE** HMO, OPOS, US ACCESS OPEN ACCESS AUTH NEEDED FOR PRI AND SEC	NEED AETNA WEB SITE ELIG PRINT- OUT & CARE CORE AUTH PRINT OUT	FOR ELIGIBILITY WWW.AETNA.COM // FOR AUTH WWW.CARECORE NATIONAL.COM	USHC REFERRAL NEEDED FOR ALL 90000'S SERIES & 93015 (NOT ALL PLANS NEED REF-MUST CALL INS TO VERIFY) WHEN DOING CARDIOLYTE OR STRESS THALLIUM	YES	YES, ALL MRIs & MRAs	YES, ALL CT'S EXCEPT DEXA	OB SONO'S 76801,76802,7680 5,76810, 76811 ,76812,76813,768 14,76815,76816 ,76817,76818,768 19,76820,76821,7 6825,76826,76827 ,76828 BEYOND THREE STUDIES*	NO/ ROUTINE MAMMO FOR AGE 40+ COVER ONE PER YEAR	NO	NO	NO	YES, ALL NUCLEAR MEDICINE NEED PRE-CERT FOR CADIOLIT E TEST NEED PRE-CERT FOR 78465 , 78478 & 78480.	AUTH NEEDED DEPENDING ON MEMBERS PLAN/CAL L AETNA DIRECT 800-223- 6857 OPTION 3	FOR AUTH CALL CARE CORE AT 1-888-622-7329 OR CHECK THE WEB SITE: CARECORE.NATIONAL.COM/ THE REFERRING PHYSICIAN MUST OBTAIN THE PRE-CERTIFICATION. IF PERFORMING MORE THAN TWO PROCEDURES THAT NEED PRE-CERT ON THE SAME DAY, YOU WILL NEED PRE-CERT FOR EACH ONE. EXAMPLE FOR CARDIOLYTE TEST AUTHO IS NEEDED FOR 78465 & 78478 AND 78480. (AUTHORIZATIONS ARE GOOD FOR 45 DAYS ONLY)	
AETNA TRADITIONAL CHOICE (INDEMNITY PLAN)	NEED AETNA WEB SITE ELIG PRINT- OUT	WWW.AETNA.COM	DOCTORS REFFERAL NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO AUTH NEEDED FOR THE TRADITIONAL CHOICE (INDEMNITY PLAN)	
AFSCME (MULTIPLAN)	ELIGILITY MUST BE VERIFIED BY PHONE		DOCTORS REFERRAL NEEDED	CALL INS & VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NEED TO CALL UNION AT (212) 334-0096 TO GET ELIGIBILITY	
AFFINITY	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	www.affinityplan.org	DOCTORS REFERRAL NEEDED	YES	YES EFF 8/3/2009	YES EFF 8/3/2009	NO	NO	NO	NO	NO	YES EFF 8/3/2009	NO	PCP SHOULD GET THE AUTH. AFFINITY REPLACES MEDICAID INS. PRIOR TO 8/3/2009 FOR AUTHORIZATION CALL 800-599 2920 DIAL 82.*** EFF AUGUST 3, 2009 PRIOR AUTHORIZATION IS REQUIRED FOR CT, CTA, MRI, MRA, PETSCANS, NUCLEAR MEDICINE AND NUCLEAR CARDIOLOGY STUDIES FROM CARECORE NATIONAL TEL# 866-242-5615 OR WWW.CARECORENATIONAL.COM. ALL AFFINITY HEALTH PLANS REQUIRES PRECERTS.	

REQUIREMENTS TO BILL INSURANCE COMPANIES 2010															
INSURANCE CO.	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	WEBSITE ADDRESS	REFERRAL REQUIRED	AUTHORIZATION REQUIRED										COMMENTS	
				PET SCAN & PETCT	MRA & MRI	CT SCAN & CT ANGIOGRAPHY	SONO	MAMMO	X-RAYS	VASCULAR STUDIES	ECHO	NUCLEAR MEDICINE & NUCLEAR CARDIOLOGY	BREAST BIOPSY		
AMALGAMATED LIFE /GROUP WSH-MP ONLY	ELIGIBILITY MUST BE VERIFIED BY PHONE		DOCTORS REFERRAL NEEDED	YES, SEE COMMENTS	YES, SEE COMMENTS	YES, SEE COMMENTS	NO	NO	NO	NO	NO	NO	NO	NO	CALL ALICARE FOR PRE CERTIFICATION AT 1-800 332 5426
AMERICA HEALTH PLAN (UNITED PAYORS & UNITED PROVIDER*PPO GEHA (UP & UP)LOGO	ELIGIBILITY MUST BE VERIFIED BY PHONE		DOCTORS REFERRAL NEEDED	NEED TO CALL INS & VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NEED TO CALL INS & VERIFY IF AUTH NEEDED	NEED TO CALL INS & VERIFY IF AUTH NEEDED
AMERICHoice by United healthCare* MEDICAID, MEDICARE, CHILD HEALTH PLUS PLAN & FAMILY H PLUS	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	http://www.americhoice.com	DOCTORS REFERRAL NEEDED	YES	YES	NO	NO	NO	NO	NO	NO	NO	YES	NEED TO CALL INS & VERIFY IF AUTH NEEDED	UNITED HEALTH CARE PROCESS CLAIMS FOR AMERICHoice ** EFF 1/25/2010 Prior Notification/Authorization is needed for all CT/CTA, MRI/MRA, PETSCAN, NUCLEAR MEDICINE AND NUCLEAR CARDIOLOGY STUDIES TEL# 866-889-8054 OR LOG ON TO WWW.AMERICHoice.COM.
AMERICHoice by United Healthcare POS PLAN (COMMERCIAL) SEE COMMENTS	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	http://www.americhoice.com	DOCTORS REFERRAL NEEDED	YES	YES	NO	NO	NO	NO	NO	NO	NO	YES	NEED TO CALL INS & VERIFY IF AUTH NEEDED	UNITED HEALTH CARE PROCESS CLAIMS FOR AMERICHoice ** EFF 1/25/2010 Prior Notification/Authorization is needed for all CT/CTA, MRI/MRA, PETSCAN, NUCLEAR MEDICINE AND NUCLEAR CARDIOLOGY STUDIES TEL# 866-889-8054 OR LOG ON TO WWW.AMERICHoice.COM.
AMERIGROUP COMMUNITY CARE /AKA CARE PLUS	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM		AMERIGROUP INSURANCE REFERRAL NEEDED . EXCEPT FOR MAMMOS AND THE STUDIES THAT REQ PRE-CERTIFICATION	YES	YES	NO	NO	NO	NO	NO	NO	NO	YES	YES	EFF 3/1/2009, AUTH IS NEEDED FROM NIA FOR MRI/MRA,CT/CTA,PET SCANS AND NUCLEAR CARDIOLOGY. A SEPARATE AUTHORIZATION# IS REQUIRED FOR EACH PROCEDURE PERFORMED. TO CONFIRM AUTHORIZATION, CALL NIA AT 866-642-7565 OR LOG ON TO WWW.RADMD.COM
AMERIHEALTH ADMINSTRATOR 720 BLAIR MILL ROAD,HORSHAM PA	ELIGIBILITY MUST BE VERIFIED BY PHONE		DOCTORS REFERRAL NEEDED	YES, SEE COMMENTS	YES, SEE COMMENTS	YES, SEE COMMENTS	NO	NO	NO	NO	NO	NO	YES, SEE COMMENTS	YES, SEE COMMENTS	FOR BENEFITS CALL 800-492-2385 , FOR PRE-CERTIFICATION CALL 800-9523404 . AUTHORIZATION IS NEEDED AND MAY VARY BY TPA EMPLOYER PROGRAMS. (SPONSOR-CONTRACTS)
AMERIHEALTH HMO (DIV OF BCBS)	ELIGIBILITY MUST BE VERIFIED BY PHONE		DOCTORS REFERRAL NEEDED	YES	YES	YES	NO	NO	NO	NO	NO	NO	NO	NEED TO CALL INS & VERIFY IF AUTH NEEDED	CALL TELEPHONE # ON INSURANCE CARD.

REQUIREMENTS TO BILL INSURANCE COMPANIES 2010															
INSURANCE CO.	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	WEBSITE ADDRESS	REFERRAL REQUIRED	AUTHORIZATION REQUIRED										COMMENTS	
				PET SCAN & PETCT	MRA & MRI	CT SCAN & CT ANGIOGRAPHY	SONO	MAMMO	X-RAYS	VASCULAR STUDIES	ECHO	NUCLEAR MEDICINE & NUCLEAR CARDIOLOGY	BREAST BIOPSY		
AMERICAN MEDICAL AND LIFE INSURANCE (AMLI)	ELIGIBILITY MUST BE VERIFIED BY PHONE		CLAIM FORM NEEDED FOR ALL TESTS OTHERWISE INS WON'T PAY	YES	YES	YES	YES	YES, ONLY FOR DIGITAL MAMMO S	YES , IF ITS OVER \$200.00		YES	YES	YES	YES	AUTH NEEDED FOR ANY TEST OVER \$200.00 ALSO A AMLI CLAIM FORM IS NEEDED FOR ALL TESTS. FOR AUTH. ELIGIBILITY VERIFICATION CALL 80-422-2002 OR (516) 822-8980
ANTHEM HEALTH OF NEW YORK (ALL PLANS)	ELIGIBILITY MUST BE VERIFIED BY PHONE		DOCTORS REFERRAL NEEDED	NEED TO CALL INS & VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NEED TO CALL INS & VERIFY IF AUTH NEEDED CALL TELEPHONE # ON INSURANCE CARD FOR ELIGIBILITY NO CO PAY REQUIRED
ANTHEM HEALTH PPO (One Health Plan logo)	ELIGIBILITY MUST BE VERIFIED BY PHONE		DOCTORS REFERRAL NEEDED	NEED TO CALL INS & VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NEED TO CALL INS & VERIFY IF AUTH NEEDED CALL TELEPHONE # ON INSURANCE CARD FOR ELIGIBILITY
ANTHEM BLUE CROSS & BLUE SHIELD (CONNECTICUT) BLUE CARE MEMBERS(ALL PLANS)	ELIGIBILITY MUST BE VERIFIED BY PHONE		DOCTORS REFERRAL NEEDED	YES, THRU NIA 888-864-7237	YES, THRU NIA 888-864-7237	YES, THRU NIA 888-864-7237	NO	NO	NO	NO	NO	NO	YES, ONLY NUCLEAR CARDIOLOGY THRU NIA 888-864-7237	NO	FOR AUTHORIZATION, CALL NIA 888-864-7237
APWU HEALTH PLAN (SEE COMMENTS) CIGNA NETWORK	ELIGIBILITY MUST BE VERIFIED BY PHONE 800-222-2798		DOCTORS REFERRAL NEEDED	YES, ALL PET'S BY CALLING MED SOLUTIONS 1-888-693-3298	YES, ALL MRI'S & MRAs BY CALLING MED SOLUTIONS 1-888-693-3298	YES, ALL CT & CTA, BY CALLING MED SOLUTIONS 1-888-693-3298	NO	NO	NO	NO	NO	NO	NUCLEAR CARDIOLOGY ONLY THRU MED SOLUTIONS 888-693-3298	NO	WHEN APWU IS PRIMARY, CALL CIGNA FOR ELIGIBILITY. AUTHORIZATION IS NEEDED FROM MEDSOLUTIONS. FOR AUTHORIZATIONS CALL MED SOLUTIONS AT 1-888- 693- 3295 OR 3211 FOR PRIM COVERAGE /// AUTH IS NOT NEEDED WHEN APWU IS SECONDARY TO MEDICARE* * AUTH IS NEEDED FROM MEDSOLUTIONS FOR MRI'S, MRA'S, CT'S, PET SCANS & NUCLEAR CARDIOLOGY STUDIES
EASY CHOICE HEALTH PLAN OF NEW YORK HMO/POS 866-747-8422	ELIGIBILITY MUST BE VERIFIED BY PHONE		DOCTORS REFERRAL NEEDED	YES	YES	YES	ONLY OB SONO- 76805 ANY AFTER THE THIRD ONE DONE	NO	NO	NO	NO	NO	YES, ALL NUCLEAR MEDICINE	YES	FOR SCREENING MAMMO: UNDER 39 YEARS OLD /NEED LOMN 35-39 CAN HAVE A SINGLE BASELINE DURING AGE PERIOD 40-49 ONCE EVERY 2 YEARS AGE 50+ YR OLD ONCE EVERY YEAR FOR DIAGNOSTIC MAMMO(76091-76090) AS MEDICAL NECESSARY**NEED DR'S PRESCRIPTION FOR AUTHORIZATION CALL MED SOLUTIONS 1-888-693-3295 APWU TELEPHONE# 800- 270-9072... NAME CHANGE TO EASY CHOICE HEALTH PLAN OF NY
ATLANTIC IMAGING OF NY LOGO "AINY" WC			ATLANTIC IMAGING AUTH LETTER NEEDED	ATLANTIC IMAGING AUTH LETTER NEEDED	ATLANTIC IMAGING AUTH LETTER NEEDED	ATLANTIC IMAGING AUTH LETTER NEEDED	ATLANTIC IMAGING AUTH LETTER NEEDED	ATLANTIC IMAGING AUTH LETTER NEEDED	ATLANTIC IMAGING AUTH LETTER NEEDED	ATLANTIC IMAGING AUTH LETTER NEEDED	ATLANTIC IMAGING AUTH LETTER NEEDED	ATLANTIC IMAGING AUTH LETTER NEEDED	ATLANTIC IMAGING AUTH LETTER NEEDED	ATLANTIC IMAGING AUTH LETTER NEEDED	AUTH LETTER NEEDED FROM ATLANTIC IMAGING FOR ALL TESTS EXCEPT AS OF 12/1/2010 NO AUTH LETTER IS REQUIRED FOR NYC LAW DEPT PATIENT IF THE PROCEDURE PERFORMED PERTAINED TO THE SHOULDER, KNEE, CERVICAL, LUMBAR AND THORACIC SPINE. ATLANTIC IMAGING WILL CALL AND SCHEDULE PATIENT'S APPOINTMENT. TEL# 973-451-9543
BEECH STREET LOGO (WEB SITE IS WWW.BEECHSTREET.COM NEED EMPLOYER'S NAME	ELIGIBILITY MUST BE VERIFIED BY PHONE	www.beechstreet.com	DOCTOR REFERRAL NEEDED	NEED TO CALL INS & VERIFY IF AUTH NEEDED	CALL INS TO VERIFY	CALL INS TO VERIFY	NO	NO	NO	NO	NO	NO	CALL INS TO VERIFY	NEED TO CALL INS & VERIFY IF AUTH NEEDED	WE ARE PARTICIPATING WITH BEECH STREET NETWORK CALL TELEPHONE # LISTED ON INSURANCE CARD TO VERIFY IF AUTH IS NEEDED.

REQUIREMENTS TO BILL INSURANCE COMPANIES 2010																
INSURANCE CO.	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	WEBSITE ADDRESS	REFERRAL REQUIRED	AUTHORIZATION REQUIRED										COMMENTS		
				PET SCAN & PETCT	MRA & MRI	CT SCAN & CT ANGIOGRAPHY	SONO	MAMMO	X-RAYS	VASCULAR STUDIES	ECHO	NUCLEAR MEDICINE & NUCLEAR CARDIOLOGY	BREAST BIOPSY			
BETTER HEALTH ADVANTAGE PPO	ELIGILITY MUST BE VERIFIED BY PHONE		DOCTORS REFERRAL NEEDED	NEED TO CALL INS & VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NEED TO CALL INS & VERIFY IF AUTH NEEDED	WE PARTICIPATE WITH BETTER HEALTH ADVANTAGE. CALL THE NUMBER ON THE BACK OF THE PAT'S CARD TO CONFIRM ELIGIBILITY .	
BRICKLAYERS WELFARE FUND	ELIGILITY MUST BE VERIFIED BY PHONE		BRICKLAYER CLAIM FORM NEEDED	NEED TO CALL INS & VERIFY IF AUTH NEEDED	BRICKLAYER CLAIM FORM NEEDED	BRICKLAYER CLAIM FORM NEEDED	BRICKLAYER CLAIM FORM NEEDED	BRICKLAYER CLAIM FORM NEEDED	BRICKLAYER CLAIM FORM NEEDED	BRICKLAYER CLAIM FORM NEEDED	BRICKLAYER CLAIM FORM NEEDED	BRICKLAYER CLAIM FORM NEEDED	BRICKLAYER CLAIM FORM NEEDED	NEED TO CALL INS & VERIFY IF AUTH NEEDED	CLAIM FORM IS NEEDED//	
BROWNSVILLE COMMUNITY DEV. CORP (BMS) MEDICAID	ELIGILITY MUST BE VERIFIED BY PHONE		BMS REFERRAL		NO	NO	NO	NO	NO	NO	NO	NO	NO	NEED TO CALL INS & VERIFY IF AUTH NEEDED	BROWNSVILLE COMMUNITY DEVELOPMENT CORPORATION 592 ROCKAWAY AVE,BROOKLYN, NY 11212-5539 718 345-5000	
CAMBRIDGE PPO**	ELIGILITY MUST BE VERIFIED BY PHONE		DOCTOR REFERRAL NEEDED	NEED TO CALL INS & VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NEED TO CALL INS & VERIFY IF AUTH NEEDED	CALL TELEPHONE # ON INSURANCE CARD TO VERIFY IF AUTH IS NEEDED.	
CARE CREDIT	ELIGILITY MUST BE VERIFIED BY PHONE OR CHECK ONLINE		DOCTOR REFERRAL NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		DOSHI ACCEPTS CARE CREDIT PAYMENT. PATIENT CAN APPLY ONLINE AT WWW.CARECREDIT.COM, CALL 800-677-0718 OR CAN ALSO FILL OUT AN APPLICATION AT ONE OF OUR SITES.	
CARE IQ	ELIGILITY MUST BE VERIFIED BY PHONE		<u>CARE IQ AUTH LETTER REQUIRES</u>	<u>CARE IQ AUTH LETTER REQUIRES</u>	<u>CARE IQ AUTH LETTER REQUIRES</u>	<u>CARE IQ AUTH LETTER REQUIRES</u>	<u>CARE IQ AUTH LETTER REQUIRES</u>	<u>CARE IQ AUTH LETTER REQUIRES</u>	<u>CARE IQ AUTH LETTER REQUIRES</u>	<u>CARE IQ AUTH LETTER REQUIRES</u>	<u>CARE IQ AUTH LETTER REQUIRES</u>	<u>CARE IQ AUTH LETTER REQUIRES</u>	<u>CARE IQ AUTH LETTER REQUIRES</u>	<u>CARE IQ AUTH LETTER REQUIRES</u>	AUTH LETTER NEEDED FROM CARE IQ FOR ALL TESTS. CARE IQ WILL CALL AND SCHEDULE PATIENT'S APPOINTMENT. TEL# 800-414-4674*** PATIENTS WITH LIBERTY MUTUAL INSURANCE WILL BE REFERRED TO DOSHI BY CARE IQ. WE MUST BILL CARE IQ FOR THESE PATIENTS.	
CIGNA PPO,EPO,INDEMNITY & CHOICE FUND	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	http://cignaforhcp.cigna.com	DOCTORS REFERRAL NEEDED	YES,SEE COMMENTS	YES,SEE COMMENTS	YES,SEE COMMENTS	NO	NO	NO	NO	NO	YES,SEE COMMENTS	NO		PRE-CERTIFICATION IS NEEDED WHEN BACK OF THE CARD SHOWS : PRECERTIFICATION NEEDED FOR OUTPATIENT PROCEDURES (CALL TEL# LISTED IN THE BACK OF THE CARD. EFF 1/1/2012 AIM WILL NO LONGER MANAGE DIAGNOSTIC IMAGING SERVICES ON BEHALF OF CIGNA. EFF THIS DATE MEDSOLUTIONS WILL BE THE RADIOLOGY VENDOR FOR CIGNA. CALL MEDSOLUTIONS AT 888-693-3297 TO VERIFY AUTH OR LOG ON TO CIGNA.MEDSOLUTIONSONLINE.COM	
CIGNA /AMERICAN IMAGING MAGT HMO, HMO POEN ACCESS,POS ,POS OPEN ACCESS,NETWORK,NETWORK OPEN ACCESS,NETWORK POS,NETWORK POS OPEN ACCESS,OPEN ACCESS PLUS,SELECT FUND OPEN ACCESS PLUS (AUTH NEEDED AS PRI AND SEC)	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	www.americanimaging.net	DOCTOR REFERRAL NEEDED	YES	YES, ALL MRIs & MRAs	YES, ALL CT's	NO	NO	NO	NO	NO	NO	NO	NUCLEAR CARDIOLOGY ONLY (STRESS TEST & CARDIOLYTE & CARDIAC POOL IMAG)	NO	AMERICAN IMAGING TEL# 800-252-2021 FOR CIGNA DIRECT, CALL TEL# ON INSURANCE CARD EFF 1/1/2012 AIM WILL NO LONGER MANAGE DIAGNOSTIC IMAGING SERVICES ON BEHALF OF CIGNA. EFF THIS DATE MEDSOLUTIONS WILL BE THE RADIOLOGY VENDOR FOR CIGNA. CALL MEDSOLUTIONS AT 888-693-3297 TO VERIFY AUTH OR LOG ON TO CIGNA.MEDSOLUTIONSONLINE.COM

REQUIREMENTS TO BILL INSURANCE COMPANIES 2010														COMMENTS	
INSURANCE CO.	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	WEBSITE ADDRESS	REFERRAL REQUIRED	AUTHORIZATION REQUIRED											
				PET SCAN & PETCT	MRA & MRI	CT SCAN & CT ANGIOGRAPHY	SONO	MAMMO	X-RAYS	VASCULAR STUDIES	ECHO	NUCLEAR MEDICINE & NUCLEAR CARDIOLOGY	BREAST BIOPSY		
CORPORATE HEALTH ADMINISTRATOR	ELIGIBILITY MUST BE VERIFIED BY PHONE		DOCTORS REFERRAL NEEDED	NEED TO CALL INS & VERIFY IF AUTH NEEDED	YES, ALL MRI's & MRAs	YES, ALL CT's	NO	NO	NO	NO	NO	NO	NO	NEED TO CALL INS & VERIFY IF AUTH NEEDED	CORPORATE HEALTH HAS MANY DIFFERENT CONTRACTS. MOST OF THEM REQUIRE AUTH. SOME DON'T. WE MUST CALL INS. TO VERIFY FOR AUTH CALL 1(800) 648 4092

REQUIREMENTS TO BILL INSURANCE COMPANIES 2010															
INSURANCE CO.	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	WEBSITE ADDRESS	REFERRAL REQUIRED	AUTHORIZATION REQUIRED										COMMENTS	
				PET SCAN & PETCT	MRA & MRI	CT SCAN & CT ANGIOGRAPHY	SONO	MAMMO	X-RAYS	VASCULAR STUDIES	ECHO	NUCLEAR MEDICINE & NUCLEAR CARDIOLOGY	BREAST BIOPSY		
CONSUMER HEALTH NETWORK CHN LOGO	ELIGIBILITY MUST BE VERIFIED BY PHONE		DOCTORS REFERRAL NEEDED	CALL HICKSVILLE	NO	NO	NO	NO	NO	NO	NO	NO	NO	NEED TO CALL INS & VERIFY IF AUTH NEEDED	CALL INSURANCE COMPANY (TO FIND OUT IF THE MEMBER IS RESPONSIBLE FOR ANY CO-INSURANCE,COPAYMENT OR DEDUCTIBLE). IF MEMBER RESPONSIBLE, PLEASE COLLECT THE MONEY. WE NEED COPY OF THE INS CARD BACK & FRONT TO BILL THE INS CO. CALL TELEPHONE # ON INSURANCE CARD
COMMUNITY CARE NETWORK (CCN LOGO)	ELIGIBILITY MUST BE VERIFIED BY PHONE		DOCTORS REFERRAL NEEDED	NEED TO CALL INS & VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NEED TO CALL INS & VERIFY IF AUTH NEEDED	CALL TELEPHONE # ON INSURANCE CARD
COMPREHENSIVE CARE MANAGEMENT/ CCM	ELIGIBILITY MUST BE VERIFIED BY PHONE		CCM REFERRAL NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CCM WILL MAKE THE APPOINTMENT FOR ALL THEIR PATIENTS. TEL# 718-944-2100
CORESOURCE	ELIGIBILITY MUST BE VERIFIED BY PHONE		DOCTOR REFERRAL NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CORESOURCE-AETNA SIGNATURE ADMINISTRATORS*PPO CALL TELEPHONE# ON INSURANCE CARD
CROSSROAD HEALTH CARE MGMT LOCAL 812	ELIGIBILITY MUST BE VERIFIED BY PHONE		DOCTOR REFERRAL NEEDED	NEED TO CALL INS & VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NEED TO CALL INS & VERIFY IF AUTH NEEDED	CALL TELEPHONE# ON INSURANCE CARD TO VERIFY IF AUTH IS NEEDED.
CYPRESS CARE MANAGED CARE WC			DOCTOR REFERRAL NEEDED	CYPRESS CARE AUTH LETTER NEEDED	CYPRESS CARE AUTH LETTER NEEDED	CYPRESS CARE AUTH LETTER NEEDED	CYPRESS CARE AUTH LETTER NEEDED	CYPRESS CARE AUTH LETTER NEEDED	CYPRESS CARE AUTH LETTER NEEDED	CYPRESS CARE AUTH LETTER NEEDED	CYPRESS CARE AUTH LETTER NEEDED	CYPRESS CARE AUTH LETTER NEEDED	CYPRESS CARE AUTH LETTER NEEDED	CYPRESS CARE AUTH LETTER NEEDED	AUTH LETTER NEEDED FROM CYPRESS CARE FOR ALL TESTS. CYPRESS CARE WILL CALL AND SCHEDULE PATIENT'S APPOINTMENT. TEL# 800-419-7193
DIRECTORS GUILD OF AMERICA-PRODUCER HEALTH PLAN(DGA) PHCS	ELIGIBILITY MUST BE VERIFIED BY PHONE		DOCTOR REFERRAL NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# 800-421-3122
DEVON NETWORK	ELIGIBILITY MUST BE VERIFIED BY PHONE		DOCTOR REFERRAL NEEDED	NEED TO CALL INS & VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NEED TO CALL INS & VERIFY IF AUTH NEEDED	NEED TO CALL TELEPHONE # ON INS CARD & VERIFY IF AUTH NEEDED.
ELDER PLAN CLASSIC PLAN **SEE COMMENTS**	ELIGIBILITY MUST BE VERIFIED BY PHONE 718-921-7889 OPTION 1		DOCTOR REFERRAL NEEDED	YES	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	ELDERPLAN CLASSIC PLAN PT IS RESPONSIBLE FOR \$45.00 COPAY FOR MRI/MRA, CT/ PET SCAN ONLY PER VISIT /// FOR MEDICAL CLAIMS CALL 718- 921-7889 PASSWORD: 41400/// EFF 1/1/2010 AUTH NEEDED FROM CARE TO CARE FOR MRI, MRA, CT, CTA, PET/PETCT. TO CONFIRM AUTHORIZATION, CALL 866-390-7526 MONDAY THRU FRIDAY 9 AM TO 5 PM.
ELDER PLAN EXTRA PLAN **SEE COMMENTS**	ELIGIBILITY MUST BE VERIFIED BY PHONE 718-921-7889 OPTION 1		DOCTOR REFERRAL NEEDED	YES	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	ELDERPLAN EXTRA PLAN PT IS RESPONSIBLE FOR \$250.00 COPAY FOR MRI/MRA,CT/ PET SCAN ONLY PER VISIT /// FOR MEDICAL CLAIMS CALL 718- 921-7889 PASSWORD: 41400/// EFF 1/1/2010 AUTH NEEDED FROM CARE TO CARE FOR MRI, MRA, CT, CTA, PET/PETCT. TO CONFIRM AUTHORIZATION, CALL 866-390-7526 MONDAY THRU FRIDAY 9 AM TO 5 PM.

REQUIREMENTS TO BILL INSURANCE COMPANIES 2010															
INSURANCE CO.	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	WEBSITE ADDRESS	REFERRAL REQUIRED	AUTHORIZATION REQUIRED											COMMENTS
				PET SCAN & PETCT	MRA & MRI	CT SCAN & CT ANGIOGRAPHY	SONO	MAMMO	X-RAYS	VASCULAR STUDIES	ECHO	NUCLEAR MEDICINE & NUCLEAR CARDIOLOGY	BREAST BIOPSY		
ELDER PLAN ACCESS PLAN **SEE COMMENTS**	ELIGIBILITY MUST BE VERIFIED BY PHONE 718-921-7889 OPTION 1		DOCTOR REFERRAL NEEDED	YES	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	ELDERPLAN ACCESS PLAN IS FOR MEMBERS WHO ARE ELIGIBLE FOR BOTH MEDICARE & MEDICAID PT IS RESPONSIBLE FOR 20% CO-INSURANCE OF ELDERPLAN FEE SCHEDULE FOR MRI/MRA, CT/ PET SCAN ONLY PER VISIT, UNLESS PAT HAS MCD AS SECONDARY /// FOR MEDICAL CLAIMS CALL 718- 921-7889 PASSWORD: 41400// IF PT HAS MCD SECONDARY BILL MEDICAID FOR 20% CO INSURANCE** EFF 1/1/2010 AUTH NEEDED FROM CARE TO CARE FOR MRI, MRA, CT, CTA, PET/PETCT. TO CONFIRM AUTHORIZATION, CALL 866-390-7526 MONDAY THRU FRIDAY 9 AM TO 5 PM.
EVERCARE (DIV. OF UNITED HEALTH CARE)	ELIGIBILITY MUST BE VERIFIED BY PHONE		DOCTOR REFERRAL NEEDED	NEED TO CALL INS & VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NEED TO CALL INS & VERIFY IF AUTH NEEDED	EVERCARE IS A UNITED HEALTH CARE PRODUCT FOR MEDICARE BENEFICIARIES WHO RESIDE IN A LONG TERM CARE FACILITY(NURSING HOME) EFF 1/1/2012 - UNITED HEALTHCARE CHANGE ALL MEDICARE PLANS SUCH AS SECURE HORIZONS, EVERCARE AND MEDICARE COMPLETE ID CARDS TO SHOW UHC NAME AND LOGO.
EMPIRE (BC/BS) (OUT STATE) SEE COMMENTS	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM		DOCTOR REFERRAL NEEDED	NEED TO CALL INS & VERIFY IF AUTH NEEDED	YES DEPENDING ON PATIENT PLAN	YES DEPENDING ON PATIENT PLAN	YES DEPENDING ON PATIENT PLAN	NO	NO	NO	NO	NO	NO	AUTH NEEDED DEPENDING ON MEMBERS PLAN	CALL TELEPHONE# ON INSURANCE CARD TO VERIFY IF AUTH IS NEEDED.
EMPIRE HEALTHCHOICE FEDERAL EMPLOYEE GOV'T WIDE	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	FOR ELIG www.empireblue.com FOR AUTH WWW.RADMD.COM	DOCTOR REFERRAL NEEDED	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NEED TO CALL INS & VERIFY IF AUTH NEEDED	CALL TELEPHONE# ON INSURANCE CARD TO VERIFY IF AUTH IS NEEDED.
EMPIRE HEALTHCHOICE PREFIX FBC (LOCAL 381)	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	FOR ELIG www.empireblue.com FOR AUTH WWW.RADMD.COM	DOCTOR REFERRAL NEEDED	YES	YES	YES	NO	NO	NO	NO	NO	NO	YES	NEED TO CALL INS & VERIFY IF AUTH NEEDED	FOR PRE-CERTIFICATION CALL # ON THE BACK OF THE CARD
EMPIRE HEALTHCHOICE DEDICATED SVCS CENTERS DIFERENT PREFIXES EXAMPLE:: ACT, SEU, ODE,ODU, UMA, TEC	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	FOR ELIG www.empireblue.com FOR AUTH WWW.RADMD.COM	DOCTOR REFERRAL NEEDED	YES	YES	YES	NO	NO	NO	NO	NO	NO	YES	AUTH NEEDED DEPENDING ON MEMBERS PLAN	FOR PRE-CERTIFICATION CALL 1800 982-8951_OR 800-395-7792 OR TELEPHONE # ON BACK OF THE INS CARD (ALICARE) GO TO BCBS WEB SITE TO CHECK ELEG. AND AUTH *** www.empireblue.com
EMPIRE HEALTHCHOICE TRADITIONAL PLUS & INDEMNITY PLAN PREFIX YLA & YLM	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	FOR ELIG www.empireblue.com FOR AUTH WWW.RADMD.COM	DOCTOR REFERRAL NEEDED	YES	YES	YES	NO	NO	NO	NO	NO	NO	YES	AUTH NEEDED DEPENDING ON TYPE OF PLAN	GO TO BCBS WEB SITE TO CHECK ELIG *** www.empireblue.com
EMPIRE HEALTHCHOICE -- MEDIBLUE ** **YLR** PREFIX	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	FOR ELIG www.empireblue.com FOR AUTH WWW.RADMD.COM	DOCTOR REFERRAL NEEDED	YES	YES	YES	NO	NO	NO	NO	NO	NO	YES	CALL INSURANCE TO VERIFY	AUTHORIZATION IS NEEDED FOR ALL HMO PRODUCTS// FOR AUTH CALL AIM AT 877-430-2288 OR LOG ON TO WWW.AMERICANIMAGING.NET FOR EMPIRE BCBS MEMBERS. FOR OTHERS, CALL TEL# LISTED ON THE BACK OF THE MEMBER'S ID CARD.

REQUIREMENTS TO BILL INSURANCE COMPANIES 2010															
INSURANCE CO.	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	WEBSITE ADDRESS	REFERRAL REQUIRED	AUTHORIZATION REQUIRED										COMMENTS	
				PET SCAN & PETCT	MRA & MRI	CT SCAN & CT ANGIOGRAPHY	SONO	MAMMO	X-RAYS	VASCULAR STUDIES	ECHO	NUCLEAR MEDICINE & NUCLEAR CARDIOLOGY	BREAST BIOPSY		
EMPIRE HEALTH CHOICE HMO AND POS PRODUCTS YLN_YLT_YLF HMO AND POS NETWORK	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	www.empireblue.com FOR ELIG FOR AUTH WWW.RADMD.COM	DOCTOR REFERRAL NEEDED	YES	YES	YES	NO	SCREENING (ROUTINE) MAMMO NOT COVER UNDER 34 YRS OF AGE	NO	NO	NO	NO	YES ONLY CARDIOLYTE & STRESS THALLIUM EXCEPT YLF	AUTH NEEDED DEPENDING ON MEMBERS PLAN/CAL 1.800.552.6630 FOR HMO PLANS	AUTHORIZATION IS NEEDED FOR ALL HMO PRODUCTS// FOR AUTH CALL AIM AT 877-430-2288 OR LOG ON TO WWW.AMERICANIMAGING.NET FOR EMPIRE BCBS MEMBERS. FOR OTHERS, CALL TEL# LISTED ON THE BACK OF THE MEMBER'S ID CARD.
EMPIRE HEALTH CHOICE EPO, PPO YLB_YLD_YLE_YLK	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	www.empireblue.com FOR ELIG FOR AUTH WWW.RADMD.COM	DOCTOR'S REFERRAL NEEDED	YES	YES	AUTH NEEDED DEPENDING ON MEMBERS PLAN	NO	SCREENING (ROUTINE) MAMMO NOT COVER UNDER 34 YRS OF AGE	NO	NO	NO	NO	YES ONLY CARDIOLYTE & STRESS THALLIUM	AUTH NEEDED DEPENDING ON MEMBERS PLAN	EFF 1/1/2011 FOR PRE-CERTIFICATION CALL AIM AT 877-430-2288 OR LOG ON TO WWW.AMERICANIMAGING.NET FOR EMPIRE BCBS MEMBERS. FOR OTHERS, CALL TEL# LISTED ON THE BACK OF THE MEMBER'S ID CARD. ROUTINE MAMMOGRAM CAN BE DONE ONLY ONCE A YEAR. DEXA STUDY CAN BE DONE EVERY TWO YEARS. CALL INS TO CONFIRM DATE OF LAST TEST. GO TO BCBS WEB SITE TO CHECK ELIG. *** www.empireblue.com
FIDELIS (ALL PLANS) BILLS THRU NYNM	ELIGIBILITY MUST BE VERIFIED BY PHONE		DOCTOR REFERRAL NEEDED	YES	NO	NO	AUTH IS REQ. FOR ANY OB SONO AFTER THE 3rd ONE/ MUST CALL CENTER /SEE COMMENTS	NO	NO	NO	NO	NO	NO	CALL INSURANCE TO VERIFY	FOR AUTHORIZATION FOR PET SCAN CALL 1-888-343-3547 EXT 2805 AUTH WILL BE REQ. FOR ANY OB /MATERNITY SONO PERFORM AFTER THE 3RD ONE ** WHEN CALLING FOR ELIG OR PRECERTIFICATION, YOU MUST USE TAX ID# 113322995
FIRST HEALTH * MAIL HANDLERS*	ELIGIBILITY MUST BE VERIFIED BY PHONE		DOCTORS REFFERAL NEEDED	YES	YES	YES	NO	NO	NO	NO	NO	NO	YES	NO	FOR PRECERTIFICATIONS AND ELIGIBILITY, 1(800) 410-7778
FIRST HEALTH NETWORK	ELIGIBILITY MUST BE VERIFIED BY PHONE		DOCTORS REFFERAL NEEDED	NEED TO CALL INS & VERIFY IF AUTH NEEDED	YES, ALSO MRA's SEE COMMENTS	YES, SEE COMMENTS	YES, SEE COMMENTS	YES, SEE COMMENTS	YES, SEE COMMENTS	YES, SEE COMMENTS	YES, SEE COMMENTS	YES, SEE COMMENTS	YES, SEE COMMENTS	YES, SEE COMMENTS	FIRST HEALTH HAS SEVERAL TYPE OF PPO PLANS. THEREFORE FOR PRECERTIFICATIONS AND ELIGIBILITY, PLEASE CALL PHONE NUMBER ON BACK OF CARD FOR EACH PATIENT AND CONFIRM. ASK IF THE PROCEDURE REQ.s AUTH. FOR PRE-CERTIFICATION CALL 1(800) 410-7778
GEHA	ELIGIBILITY MUST BE VERIFIED BY PHONE		DOCTOR REFERRAL NEEDED	YES	YES	YES	NO	NO	NO	NO	NO	NO	YES, NUCLEAR CARDIOLOGY ONLY	NO	FOR AUTHORIZATIONS , CALL MED SOLUTIONS -1-888-693-3295 OR 3211
GENEX / INDEPENDENT REVIEW SERVICES, INC WC	ELIGIBILITY MUST BE VERIFIED BY PHONE		AUTH LETTER NEEDED FROM IRS.	GENEX AUTH LETTER NEEDED	GENEX AUTH LETTER NEEDED	GENEX AUTH LETTER NEEDED	GENEX AUTH LETTER NEEDED	GENEX AUTH LETTER NEEDED	GENEX AUTH LETTER NEEDED	GENEX AUTH LETTER NEEDED	GENEX AUTH LETTER NEEDED	GENEX AUTH LETTER NEEDED	GENEX AUTH LETTER NEEDED	GENEX AUTH LETTER NEEDED	GENEX-INDEPENDENT REVIEW SVCES WILL CALL DOSHI TO SET UP APPOINTMENT FOR THE PAT AND AUTH LETTER WILL BE FAXED TO OUR FACILITY IND SERVICES TELEPHONE #800 310-39-26

REQUIREMENTS TO BILL INSURANCE COMPANIES 2010															
INSURANCE CO.	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	WEBSITE ADDRESS	REFERRAL REQUIRED	AUTHORIZATION REQUIRED										COMMENTS	
				PET SCAN & PETCT	MRA & MRI	CT SCAN & CT ANGIOGRAPHY	SONO	MAMMO	X-RAYS	VASCULAR STUDIES	ECHO	NUCLEAR MEDICINE & NUCLEAR CARDIOLOGY	BREAST BIOPSY		
G.H.I // EMBLEM HEALTH PPO & HEALTHY NY EPO / UNITE HERE (HEALTH PASS PPO & EPO, BAKERY 550 FOR GHI- SECONDARY TO MEDICARE/COLLECT \$50.00 DEDUCTIBLE	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	FOR ELIGIBILITY www.ghi.com FOR AUTH WWW.CARECORE NATIONAL.COM	G.H.I PPO & HEALTHY NY EPO / UNITE HERE (HEALTH PASS PPO & EPO, BAKERY 550 FOR GHI- SECONDARY TO MEDICARE/COLLECT \$50.00 DEDUCTIBLE	YES	YES	YES	NO	NO, FOR MAMMO SEE BELOW	NO	NO	NO	NO	YES, ALL NUCLEAR MEDICINE NEED PRE-CERT (FOR CADIOLITE TEST NEED PRE-CERT FOR 78465 & 78478 BOTH)	YES, AUTH NEEDED DEPENDING ON THE CATEGORY # / CALL GHI DIRECT FOR AUTH	FOR PRE-CERTIFICATION CALL 800-835-7064 (AUTHORIZATIONS ARE GOOD FOR ONLY 45 DAYS) AUTHORIZATION VARY BY PLAN, CATEGORY OR GROUP NUMBER/ CALL GHI FOR ALL MEMBERS. GO TO CARECORENATIONAL.COM WEB SITE AND CHECK FOR AUTHORIZATIONS /// FOR GHI ELIGIBILITY CHECK WWW.GHI.COM. FOR SCREENING MAMMO CPT(76092) Under 39 yrs of age need a letter of medical necessity. Age 35-39 can have a single baseline during the age period, any additional w/timely history mother or sister will need a letter of medical necessity. Age 40-49 once every 2 years during the age period; any additional w/timely history of mother or sister will need a letter of medical necessity. Age 50+ yrs old once every year, any additional will need a letter of medical necessity. *****EMBLEM HEALTH IS THE PARENT COMPANY OF GHI AND HIP. CLAIMS MAY GO TO GHI OR HIP DEPENDING ON THE NAME OF THE PLAN ON THE INSURANCE CARD AND THE MAILING ADDRESS ON THE BACK OF THE CARD. EPO AND PPO PLANS GOES TO GHI AND FOLLOW GHI GUIDELINES. COMPREHEALTH GOES TO HIP AND FOLLOW HIP GUIDELINES. FOR OTHER PLANS, SEE THE CLAIMS MAILING ADDRESS ON THE BACK OF THE MEMBER'S INSURANCE CARD.
GHI COMPREHENSIVE PLAN (NETWORK ACCESS PLAN) LOCAL 365 **P.O Box 8955, Melville, NY Address- 08615)	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	FOR ELIGIBILITY www.ghi.com FOR AUTH WWW.CARECORE NATIONAL.COM	DOCTORS REFERRAL	CALL UNION AND VERIFY WHETHER AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# 800-231-7269
GHI -GSHC GARDEN STATE HEALTH CARE (NETWORK ACCESS) P.O BOX 190394, BROOKLYN NY 11219	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	FOR ELIGIBILITY www.ghi.com FOR AUTH WWW.CARECORE NATIONAL.COM	DOCTORS REFERRAL	YES, MUST CALL 800-445-4206 OR 888 596 4325	YES, MUST CALL 800-445-4206 OR 888 596 4325	YES, MUST CALL 800-445-4206 OR 888 596 4325	YES, MUST CALL 800-445-4206 OR 888 596 4325	YES, MUST CALL 800-445-4206 OR 888 596 4325	YES, MUST CALL 800-445-4206 OR 888 596 4325	YES, MUST CALL 800-445-4206 OR 888 596 4325	YES, MUST CALL 800-445-4206 OR 888 596 4325	YES, MUST CALL 800-445-4206 OR 888 596 4325	YES, MUST CALL 800-445-4206 OR 888 596 4325	YES, MUST CALL 800-445-4206 OR 888 596 4325	MUST CALL 800-445-4206 FOR ALL STUDIES TO VERIFY IF AUTH IS NEEDED. IT MAY VARY BY EMPLOYER CONTRACT.
GHI NETWORK ACCESS	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	FOR ELIGIBILITY www.ghi.com FOR AUTH WWW.CARECORE NATIONAL.COM	DOCTORS REFERRAL	YES, DEPENDS ON MEMBER PLAN,SEE COMMENTS	YES, DEPENDS ON MEMBER PLAN,SEE COMMENTS	YES, DEPENDS ON MEMBER PLAN,SEE COMMENTS	YES, ONLY 76377	NO	NO	NO	NO	NO	YES, DEPENDS ON MEMBER PLAN,SEE COMMENTS	YES, DEPENDS ON MEMBER PLAN,SEE COMMENTS	///AUTH IS NEEDED DEPENDING ON THE PLAN. CALL NUMBER ON THE PATIENT CARD.(SINCE THEY HAVE DIFF UNIONS & CONTRACTS)
GHI -HMO (CHP, FHP,MEDICAID PLAN). COLLECT COPAY FOR ALL PROCEDURES EXCEPT MAMMO SEE COMMENTS	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	FOR ELIGIBILITY www.ghi.com FOR AUTH WWW.CARECORE NATIONAL.COM	DOCTORS REFERRAL	YES	YES	YES	ALL OB SONOS AFTER THE THIRD.	NO	NO	YES	YES	YES	NO	NO	FOR CT, MRI, MRA, PETSCANS AND NUCLEAR MEDICINE NEEDS AUTHORIZATION CALL CARECORE AT 800-835-7064 CHECK FOR AUTH ON CARECORE WEB SITE::: WWW.CARECORENATIONAL.COM /// AUTHORIZATION IS NEEDED FOR ALL 90000'S... EFF IMMEDIATELY. PAPER REFERRAL IS REQUIRED FROM THE REFERRING PROVIDER FOR ALL PROCEDURES. MUST BE COMPLETELY FILLED OUT BY THE REFERRING DOCTOR.
GHI MEDICARE CHOICE PPO (REPLACES MEDICARE)	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	FOR ELIGIBILITY www.ghi.com FOR AUTH WWW.CARECORE NATIONAL.COM	DOCTORS REFERRAL NO COPAY FOR ANNUAL SCREENING	YES	YES	YES	NO	NO	NO	NO	NO	NO	YES	YES	NEED AUTHORIZATION FROM CARE CORE FOR ALL MRA'S , ALL MRT's , STRESS TEST & CARDIOLYTE AND NUCLEAR MEDICINE . FOR AUTH CALL 800-835-7064 GHI -MEDICARE PLAN REPLACES MEDICARE.
G.H.I HEALTH PLAN LOCAL 1-S	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	WWW.GHI.COM	DOCTOR REFERRAL	NEED TO CALL INS & VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL TELEPHONE# ON INSURANCE CARD TO VERIFY IF AUTH IS NEEDED.

REQUIREMENTS TO BILL INSURANCE COMPANIES 2010															
INSURANCE CO.	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	WEBSITE ADDRESS	REFERRAL REQUIRED	AUTHORIZATION REQUIRED										COMMENTS	
				PET SCAN & PETCT	MRA & MRI	CT SCAN & CT ANGIOGRAPHY	SONO	MAMMO	X-RAYS	VASCULAR STUDIES	ECHO	NUCLEAR MEDICINE & NUCLEAR CARDIOLOGY	BREAST BIOPSY		
GHI UNION OPERATING OF ENGINEER / LOCAL 14-14B	VERIFY ELIG BY CALL UNION AT 718-939-0600	GHI -web is only for hospital coverage.	DOCTOR REFERRAL	YES	YES	YES	NO	NO	NO	NO	NO	NO	YES	YES	NEED AUTHORIZATION FROM CARE CORE FOR ALL MRA'S , ALL MRT'S , STRESS TEST & CARDIOLYTE AND NUCLEAR MEDICINE . FOR AUTH CALL 800-835-7064
GHI- BAKERY LOCAL 3	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	WWW.GHI.COM	DOCTOR REFERRAL	NEED TO CALL INS & VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL TELEPHONE# ON INSURANCE CARD TO VERIFY IF AUTH IS NEEDED.
GHI-UNITED HEALTH PLANS * \$75.00 COPAY FOR ALL DIAG TESTING*	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	WWW.GHI.COM	DOCTOR REFERRAL	YES, NEED TO CALL UHP TO VERIFY WHETHER AUTH IS NEEDED 800-445-4206	YES, NEED TO CALL UHP TO VEIFY WHETHER AUTH IS NEEDED 800-445-4206	YES, NEED TO CALL UHP TO VEIFY WHETHER AUTH IS NEEDED 800-445-4206	YES, NEED TO CALL UHP TO VEIFY WHETHER AUTH IS NEEDED 800-445-4206	YES, NEED TO CALL UHP TO VEIFY WHETHER AUTH IS NEEDED 800-445-4206	YES, NEED TO CALL UHP TO VEIFY WHETHER AUTH IS NEEDED 800-445-4206	YES, NEED TO CALL UHP TO VEIFY WHETHER AUTH IS NEEDED 800-445-4206	YES, NEED TO CALL UHP TO VEIFY WHETHER AUTH IS NEEDED 800-445-4206	YES, NEED TO CALL UHP TO VEIFY WHETHER AUTH IS NEEDED 800-445-4206	YES, NEED TO CALL UHP TO VEIFY WHETHER AUTH IS NEEDED 800-445-4206	YES, NEED TO CALL UHP TO VEIFY WHETHER AUTH IS NEEDED 800-445-4206	FOR AUTH CALL 800-445-4206
GREAT WEST (MED SOLUTIONS)	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	WWW.GREATWESTHEALTHCARE.COM	DOCTOR REFERRAL NEEDED	YES	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	* FOR AUTH CALL MED SOLUTIONS 1-888- 693- 3295
GUARDIAN (PHCS)LOGO	ELIGILITY MUST BE VERIFIED BY PHONE		DOCTOR REFERRAL NEEDED	NEED TO CALL INS & VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NEED TO CALL INS & VERIFY IF AUTH NEEDED	NEED TELEPHONE # ON INSURANCE CARD TO VERIFY ELIGIBILITY AND PRECERTIFICATION REQUIREMENT
GUARDIAN FC	ELIGILITY MUST BE VERIFIED BY PHONE		DOCTOR REFERRAL NEEDED	NEED TO CALL INS & VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NEED TO CALL INS & VERIFY IF AUTH NEEDED	NEED TELEPHONE # ON INSURANCE CARD TO VERIFY ELIGIBILITY AND PRECERTIFICATION REQUIREMENT
HARVARD PILGRIM PPO (PHCS) LOGO	ELIGIBILITY MUST BE VERIFY BY CALLING 1-708-4414		DOCTOR REFERRAL NEEDED	NEED TO CALL INS & VERIFY IF AUTH NEEDED 1-800-708-4414	NEED TO CALL INS & VERIFY IF AUTH NEEDED 1-800-708-4414	NEED TO CALL INS & VERIFY IF AUTH NEEDED 1-800-708-4414	NO	NO	NO	NO	NO	NO	NEED TO CALL INS & VERIFY IF AUTH NEEDED 1-800-708-4414	NEED TO CALL INS & VERIFY IF AUTH NEEDED 1-800-708-4414	NEED TO CALL INS & VERIFY IF AUTH NEEDED 1-800-708-4414

REQUIREMENTS TO BILL INSURANCE COMPANIES 2010															
INSURANCE CO.	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	WEBSITE ADDRESS	REFERRAL REQUIRED	AUTHORIZATION REQUIRED										COMMENTS	
				PET SCAN & PETCT	MRA & MRI	CT SCAN & CT ANGIOGRAPHY	SONO	MAMMO	X-RAYS	VASCULAR STUDIES	ECHO	NUCLEAR MEDICINE & NUCLEAR CARDIOLOGY	BREAST BIOPSY		
HEALTH FIRST MEDICAID PLAN (PHSP) <u>SEE COMMENTS*</u>	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	FOR ELIGIBILITY www.healthfirst2.org FOR AUTH WWW.CARECORE NATIONAL.COM	DOCTOR REFERRAL NEEDED	YES	YES	YES EXCEPT DEXA	YES, OB SONO 76801,76802,76805, 76810, 76811 ,76812,76813,76814 ,76815,76816 ,76817,76818,76819 ,76820,76821,76825 ,76826,76827,76828 BEYOND THREE STUDIES*)	NO	NO	NO	NO	NO	YES, AUTH NEEDED FROM CARECOR E 877-773-6964 ALL NUCLEAR MEDICINE- FOR CARDIOLY TE GET AUTH FOR /78465-78478-78480 AS OF 8/15/05	NO	FOR AUTH CALL CARE CORE AT 1-877-773-6964
HEALTH FIRST EARLY START PLAN (CHILD H.PLUS) PLAN & FAMILY H PLUS * <u>SEE COMMENTS</u>	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	FOR ELIGIBILITY www.healthfirst2.org FOR AUTH WWW.CARECORE NATIONAL.COM	DOCTOR REFERRAL NEEDED	YES	YES	YES EXCEPT DEXA	YES, OB SONO 76801,76802,76805, 76810, 76811 ,76812,76813,76814 ,76815,76816 ,76817,76818,76819 ,76820,76821,76825 ,76826,76827,76828 BEYOND THREE STUDIES*)	NO	NO	NO	NO	NO	YES, ALL NUCLEAR MEDICINE- FOR CARDIOLY TE GET AUTH FOR 78465-78478-78480	NO	FOR AUTH CALL CARE CORE AT 1-877-773-6964
HEALTH FIRST *HEALTHY NY (SEE COMMENTS)	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	FOR ELIGIBILITY www.healthfirst2.org FOR AUTH WWW.CARECORE NATIONAL.COM	DOCTOR REFERRAL NEEDED	YES	YES	YES EXCEPT DEXA	YES, OB SONO 76801,76802,76805, 76810, 76811 ,76812,76813,76814 ,76815,76816 ,76817,76818,76819 ,76820,76821,76825 ,76826,76827,76828 BEYOND THREE STUDIES*)	NO	NO	NO	NO	NO	YES, ALL NUCLEAR MEDICINE- FOR CARDIOLY TE GET AUTH FOR 78465-78478-78480	NO	AUTHORIZATION IS NEEDED FROM CARE CORE . FOR AUTH CALL CARE CORE AT 1-877-773-6964
HEALTH FIRST 65 PLUS (MEDICARE HMO)	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	FOR ELIGIBILITY www.healthfirst2.org FOR AUTH WWW.CARECORE NATIONAL.COM	DOCTOR REFERRAL NEEDED	YES	YES	YES EXCEPT DEXA	YES, OB SONO 76801,76802,76805, 76810, 76811 ,76812,76813,76814 ,76815,76816 ,76817,76818,76819 ,76820,76821,76825 ,76826,76827,76828 BEYOND THREE STUDIES*)	NO	NO	NO	NO	NO	YES, ALL NUCLEAR MEDICINE- FOR CARDIOLY TE GET AUTH FOR 78465-78478-78480	NO	AUTHORIZATION IS NEEDED FROM CARE CORE . FOR AUTH CALL CARE CORE AT 1-877-773-6964
HEALTH FIRST MANAGED HEALTH COMMERCIAL ONLY	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	FOR ELIGIBILITY www.healthfirst2.org FOR AUTH WWW.CARECORE NATIONAL.COM	DOCTOR REFERRAL NEEDED	YES	YES	YES EXCEPT DEXA	YES, OB SONO 76801,76802,76805, 76810, 76811 ,76812,76813,76814 ,76815,76816 ,76817,76818,76819 ,76820,76821,76825 ,76826,76827,76828 BEYOND THREE STUDIES*)	NO	NO	NO	NO	NO	YES, ALL NUCLEAR MEDICINE- FOR CARDIOLY TE GET AUTH FOR 78465-78478-78480	NO	FOR AUTH CALL CARE CORE AT 1-877-773-6964

REQUIREMENTS TO BILL INSURANCE COMPANIES 2010															
INSURANCE CO.	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	WEBSITE ADDRESS	REFERRAL REQUIRED	AUTHORIZATION REQUIRED										COMMENTS	
				PET SCAN & PETCT	MRA & MRI	CT SCAN & CT ANGIOGRAPHY	SONO	MAMMO	X-RAYS	VASCULAR STUDIES	ECHO	NUCLEAR MEDICINE & NUCLEAR CARDIOLOGY	BREAST BIOPSY		
HEALTH NETWORK AMERICA	ELIGIBILITY MUST BE VERIFIED BY PHONE		DOCTOR REFERRAL NEEDED	NEED TO CALL INS & VERIFY IF AUTH NEEDED	YES	YES	NO	NO	NO	NO	NO	NO	YES	CALL INSURANCE TO VERIFY	PRE-CERTIFICATIONS ARE REQUIRED / FOR PRE-CERTIFICATION CALL 877-387-8503 OR NUMBER ON THE CARD IF IT IS DIFFERENT
HEALTHNET *CMO MONTEFIORE	ELIGIBILITY MUST BE VERIFIED BY PHONE		DOCTOR REFERRAL NEEDED	YES, BY CALLING 866-666-8388	YES, BY CALLING 866-666-8388	NO	NO	NO	NO	NO	NO	NO	NO	NO	MONTEFIORE CMO- 914-377-4400
HEALTH NET/PHS (SMART CHOICE) AS PRI OR SEC (TOUCHTONE) (MEDICARE HMO)	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	www.healthnet.com	DOCTOR REFERRAL NEEDED	YES	YES	YES	NO	NO	NO	NO	YES	YES ALL NUCLEAR CARDIOLOGY, MUGA AND ECG	NO	FOR AUTHORIZATION CALL TOUCHTONE (866) 323-1693 AUTH ARE GOOD FOR 90 DAYS.	
														ON OCTOBER 1, 2007 HEALTH NET OF NY HAS SOLD ITS MEDICARE ADV.PLAN TO TOUCHTONE HEALTH HMO. THIS COVERS ONLY MEDICARE PLANS IN NEW YORK.	
HEALTHNET -SMART CHOICE-(MEDICARE-HMO) IF PCP IS PART OF HEALTHCARE PARTNERS-AKA - HERITAGE	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	www.healthnet.com www.healthnet.com www.hcpi.com www.hcpi.com	IF PCP IS PART OF HEALTHCARE PARTNERS/HERITAGE * INSURANCE REFERRAL IS NEEDED FROM PCP FROM HCP FOR ALL STUDIES	YES, IF PCP BELONGS TO HCP/ AUTH IS NEEDED FROM HEALTH CARE PARTNERS	YES, IF PCP BELONGS TO HCP/ AUTH IS NEEDED FROM HEALTH CARE PARTNERS	YES, IF PCP BELONGS TO HCP/ AUTH IS NEEDED FROM HEALTH CARE PARTNERS	NO, IF PCP BELONGS TO HCP/ AUTH IS NOT NEEDED/NEE D ONLY HCP INS REFERRAL IS NEEDED	YES, IF PCP BELONGS TO HCP/ AUTH IS NEEDED FROM HEALTH CARE PARTNERS	YES, IF PCP BELONGS TO HCP/ AUTH IS NEEDED FROM HEALTH CARE PARTNERS	YES, IF PCP BELONGS TO HCP/ AUTH IS NEEDED FROM HEALTH CARE PARTNERS	YES, IF PCP BELONGS TO HCP/ AUTH IS NEEDED FROM HEALTH CARE PARTNERS	YES, IF PCP BELONGS TO HCP/ AUTH IS NEEDED FROM HEALTH CARE PARTNERS	YES, IF PCP BELONGS TO HCP/ AUTH IS NEEDED FROM HEALTH CARE PARTNERS	HERITAGE PROCESS CLAIMS FOR HEALTHNET	
HEALTH NET / CARE CORE HMO, POS, PPO EPO (CHARTER) & PEQUOT	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	FOR ELIGIBILITY www.healthnet.com FOR AUTH WWW.CARECORE NATIONAL.COM	DR.'S REFERRAL NEEDED	YES	YES	YES	OB SONO 76801,76802,7680 5,76810, 76811 ,76812,76813,768 14,76815,76816 ,76817,76818,7,768 19,76820,76821,7 6825,76826,76827 -76828 BEYOND THREE STUDIES*) **	NO	NO	NO	NO	YES, ALL NUCLEAR MEDICINE & NUCLEAR CARDIOLOGY	NO	FOR AUTH CALL CARE CORE AT 866-898 6287 OR CHECK CARE CORE NATIONAL WEB SITE. THE REFERRING PHYS MUST OBTAIN THE PRE-CERTIFICATION!!!! AUTH ARE GOOD FOR 45 DAYS	

REQUIREMENTS TO BILL INSURANCE COMPANIES 2010															
INSURANCE CO.	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	WEBSITE ADDRESS	REFERRAL REQUIRED	AUTHORIZATION REQUIRED										COMMENTS	
				PET SCAN & PETCT	MRA & MRI	CT SCAN & CT ANGIOGRAPHY	SONO	MAMMO	X-RAYS	VASCULAR STUDIES	ECHO	NUCLEAR MEDICINE & NUCLEAR CARDIOLOGY	BREAST BIOPSY		
<u>HEALTH NET FEDERAL SERVICES / AKA TRICARE</u>	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	www.MYTRICARE.COM	DOCTORS REFERAL NEEDED	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL FOR AUTHO FOR MRA'S & MRI'S & PET SCAN (877-874-2273
HEALTH-NET SERVICES LTD	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM		DOCTOR REFERRAL NEEDED	NEED TO CALL INS & VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NEED TO CALL INS & VERIFY IF AUTH IS NEEDED	
HEALTH PLUS	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	www.healthplus-ny.org	DOCTOR REFERRAL NEEDED	YES****PET SCANS CAN ONLY BE DONE IF WE HAVE PRECERT FROM HEALTHPL US AUTHORIZI NG DOSHI DIAGNOSTI C TO PERFORM PETSCAN FOR A PATIENT. WE WILL	YES	NO	YES, OB SONO ONLY (76805-76811/76801 OBTAINING A THIRD SONOGRAM) see comments	NO	NO	NO	NO	NO	NO	NO	FOR AUTHORIZATION CALL 718- 630-0123 <u>CALL THE AUTO MATED SYSTEM TO CHECK FOR AUTH# 800-639-6968 make sure that there is auth for EACH PROCEDURE PERFORMED-</u>
HIP- BEDFORD WEST MED. (PREFERRED HEALTH PARTNERS) GROUP 233 NOSTRAND AVE, BROOKLYN NY 11205		www.HIPUSA.COM	PREFERRED HEALTH PARTNERS REFERRAL NEEDED EXCEPT FOR MAMMO SCREENING/// SEE COMMENTS FOR REFERRAL NOT NEEDED FOR BREAST SONO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	PREFERRED HEALTH PARTNERS REFERRAL NEEDED EXCEPT FOR MAMMO SCREENING
HIP- CONTINUUM HEALTH PARTNERS	ELIGILITY MUST BE VERIFIED BY PHONE		HIP REFERRAL NEEDED BY PCP	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	CALL 877- 524-9393 AND GET PRE-CERTIFICATION***FOR ALL TEST. NEED AUTH FROM CONTINUUM H. PARTNERS***THIS IS EXCLUDED FROM CARECORE***
HIP MONTIFIORE LOGO *CMO*	ELIGILITY MUST BE VERIFIED BY PHONE		DOCTOR REFERRAL NEEDED	YES, BY CALLING 866-666-8388	YES, BY CALLING 866-666-8388	NO	NO	NO	NO	NO	NO	NO	NO	NO	HIP CARD WILL SHOW THE MONTIFIORE LOGO ON. FOR ELIG. CALL 877-447-6668

REQUIREMENTS TO BILL INSURANCE COMPANIES 2010															
INSURANCE CO.	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	WEBSITE ADDRESS	REFERRAL REQUIRED	AUTHORIZATION REQUIRED										COMMENTS	
				PET SCAN & PETCT	MRA & MRI	CT SCAN & CT ANGIOGRAPHY	SONO	MAMMO	X-RAYS	VASCULAR STUDIES	ECHO	NUCLEAR MEDICINE & NUCLEAR CARDIOLOGY	BREAST BIOPSY		
HIP-EMBLEM HEALTH /CARE CORE HIP-HMO HIP-CHILD H.PLUS HIP-MEDICAID-(CHP) HIP-MEDICARE (VIP) HIP-CHOICE HIP-CHOICE PLUS HIP-PRIME HMO MEDICARE OPEN ACCESS, POS AUTH NEEDED FOR PRI-& SEC	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	FOR ELIGIBILITY www.hipusa.com FOR AUTH WWW.CARECORE NATIONAL.COM	EXCEPT FOR EPO/PPO, HIP ACCESS I/II AND HIP VIP PLUS PLANS, ALL OTHERS REQUIRES REFERRAL EXCEPT FOR TESTS WHICH WE GET AUTHORIZATIONS FROM CARECORE AND ANNUAL SCREENING MAMMOGRAMS.	YES..ALL PET SCAN	YES, ALL MRIs & MRAs	YES, ALL CT's & CTA OF THE HEART - 0148T //NO AUTH IS NEEDED FOR DEXA STUDY - DEXA CAN ONLY BE DONE ONCE A YEAR.	OB SONO 76805, 76801, 76802, 76805, 76810, 76811, 76812,76813,7681 4,76815,76816,76 817,76818,76819, 76820,76821, 76825,76826,7682 8 NEED AUTH AFTER THE THIRD ONE DONE *****	NO	NO	NO	NO	YES, NEED PRIOR APPROVAL FOR ECHOS .. BY CALLING CARE CORE AT 866-417-2345/See Comments	YES, ALL NUCLEAR MEDICINE NEED PRE-CERT FOR CADIOLIT E TEST NEED PRE-CERT FOR 78465 , 78478 & 78480.	AUTH IS NOT NEEDED, ONLY HIP REF	FOR AUTH CALL CARECORE AT 1-888-622-7329 ECHO EXAM DO NOT NEED PRIOR APPROVAL WHEN BEING PERFORMED WITHIN 12 MONTHS PERIOD..ANY SUBSEQUENT ECHO THAT IS PERFORMED WITHIN A 12 MONTH PERIOD FROM THE FIRST ECHO REQUIRES PROOF OF MEDICAL NECESSITY AND PRIOR APPROVAL .. CALL CARECORE AT 866-417-2345
HIP/EMBLEM HEALTH- HEALTH CARE PARTNERS/HERITAGE HIP- BASIC HIP-HMO HIP-CHILD H.PLUS HIP-MEDICAID HIP-MEDICARE (VIP) HIP-CHOICE HIP-CHOICE PLUS	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	WWW.HCPIPA.COM & WWW.HIPUSA.COM	<u>INS. REFERRAL NEEDED FROM PCP FOR ALL TESTS.</u>	NEED TO CALL INS & VERIFY IF AUTH NEEDED	YES	YES	NO AUTH NEEDED ONLY REFERRAL	YES ONLY FOR DIAGNOSTIC MAMO	YES	YES	YES	YES	YES	<ul style="list-style-type: none"> • 90000 & PETSCANS – Electronic Authorization Referral is required for all 90000 Series and Petscans for CAP and NON CAP members. • PCP NON CAP – All Procedure requires Electronic Authorization Referral. • PCP CAP TO DOSHI – Electronic Authorization Referral required for all studies EXCEPT Screening mammograms, Xrays of the Lower and Upper Extremities, Skull and chest and Ultrasounds (excluding Echo, Vascular and Dopplers studies). 	
HIP-EMBLEM HEALTH DIRECT Access 1, Access 11, EPO, PPO and Medicare Cost.	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	WWW.HIPUSA.COM	<u>HIP REFERRAL NEEDED (SEE COMMENTS)</u>	YES	YES	ONLY CTA OF THE HEART - 0148T BY CALLING CARECORE 866-417-2345	NO	NO	NO	NO	NO	YES, NEED PRIOR APPROVAL FOR ECHOS .. BY CALLING CARE CORE AT 866-417-2345/See Comments	YES, ONLY NUCLEAR CARDIOLOGY	NO	CALL CARECORE AND VERIFY WHETHER AUTH IS NEEDED. IF CARE CORE TELL YOU THAT AUTH IS NOT NEEDED FROM THEM.. YOU WILL HAVE TO CALL HIP DIRECT FOR PRIOR APPROVAL/AUTH * HIP DIRECT AUTH PHONE# 866-447-9717 ***CARECORE AUTH# 1-866-417-2345 //// ECHO EXAM DO NOT NEED PRIOR APPROVAL WHEN BEING PERFORMED WITHIN 12 MONTHS PERIOD..ANY SUBSEQUENT ECHO THAT IS PERFORMED WITHIN A 12 MONTH PERIOD FROM THE FIRST ECHO REQUIRES PROOF OF MEDICAL NECESSITY AND PRIOR APPROVAL .. CALL CARECORE AT 866-417-2345
HIP-QUEENS LONG ISLAND MEDICAL GROUP PTS	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	WWW.HIPUSA.COM	<u>HIP REFERRAL NEEDED (SEE COMMENTS)</u>	YES	YES	NO	NO	NO	NO	NO	NO	NO	YES, ONLY NUCLEAR CARDIOLOGY	NO	
HORIZON BLUE CROSS & BLUE SHIELD OF NJ	ELIGIBILITY MUST BE VERIFIED BY PHONE		DOCTORS REFERRAL NEEDED	NEED TO CALL INS & VERIFY IF AUTH NEEDED	YES	NO	NO	NO	NO	NO	NO	NO	NO	NEED TO CALL INS & VERIFY IF AUTH NEEDED	CALL FOR AUTHO FOR MRAs & MRIs (800) 664-2583
H.E.R.E.I.U WELFARE FUND LOCAL 54	ELIGIBILITY MUST BE VERIFIED BY PHONE		DOCTORS REFERRAL NEEDED	NEED TO CALL INS & VERIFY IF AUTH NEEDED	YES	YES	YES	YES	YES	YES	YES	YES	YES	NEED TO CALL INS & VERIFY IF AUTH NEEDED	CALL FOR AUTHORIZATION 800-624-1294 OR PHONE # ON THE INSURANCE CARD

REQUIREMENTS TO BILL INSURANCE COMPANIES 2010															
INSURANCE CO.	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	WEBSITE ADDRESS	REFERRAL REQUIRED	AUTHORIZATION REQUIRED										COMMENTS	
				PET SCAN & PETCT	MRA & MRI	CT SCAN & CT ANGIOGRAPHY	SONO	MAMMO	X-RAYS	VASCULAR STUDIES	ECHO	NUCLEAR MEDICINE & NUCLEAR CARDIOLOGY	BREAST BIOPSY		
INDEPENDENT HEALTH	ELIGIBILITY MUST BE VERIFIED BY PHONE		INS REFERRAL NEED A MUST	NEED TO CALL INS & VERIFY IF AUTH NEEDED	YES	NO	NO	NO	NO	NO	NO	NO	NO	NEED TO CALL INS & VERIFY IF AUTH NEEDED	CALL UTILIZATION DEPARTMENT FOR AUTH. 800 654 5494.
INTEGRATED HEALTH NETWORK	ELIGIBILITY MUST BE VERIFIED BY PHONE		INTEGRATED HEALTH NET FORM	NEED TO CALL INS & VERIFY IF AUTH NEEDED	INTEGRATED HEALTH NET FORM	INTEGRATED HEALTH NET FORM	INTEGRATED HEALTH NET FORM	INTEGRA TED HEALTH NET FORM	INTEGRATED HEALTH NET FORM	INTEGRATED HEALTH NET FORM	INTEGRATED HEALTH NET FORM	INTEGRATED HEALTH NET FORM	NEED TO CALL INS & VERIFY IF AUTH NEEDED	WE PARTICIPATE WITH INTEGRATED HEALTH NETWORK. THEY WILL SCHEDULE ALL APPOINTMENTS. 800 672-3638.	
<u>JEFFERSON PILOT FINANCIAL FOR PPO AND TRADITIONAL PLAN (FORMERLY CHUBB LIFE AMERICA)</u>	ELIGIBILITY MUST BE VERIFIED BY PHONE		<u>DOCTOR REFERRAL NEEDED</u>	NEED TO CALL INS & VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NEED TO CALL INS & VERIFY IF AUTH NEEDED		
<u>LEON MEDICAL HEALTH</u>	ELIGIBILITY MUST BE VERIFIED BY PHONE		<u>YES</u>	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	NEEDS AUTHORIZATION FOR ALL RADIOLOGY TESTS. CALL 305-631-5345 FOR PRECERT. Medicare HMO	
<u>LIBERTY HEALTH ADVANTAGE / MEDICARE PLAN & DUAL MCR/MCD COVERAGE *SEE COMMENTS</u>	ELIGIBILITY MUST BE VERIFIED BY PHONE 1-866-542-4269	www.hcpi.com	<u>IF PCP IS PART OF HEALTHCARE PARTNERS/HERITAGE * INSURANCE REFERRAL IS NEEDED FROM PCP FROM HCP</u>	YES, IF PCP BELONGS TO HCP/ AUTH IS NEEDED FROM HEALTH CARE PARTNERS	YES, IF PCP BELONGS TO HCP/ AUTH IS NEEDED FROM HEALTH CARE PARTNERS	YES, IF PCP BELONGS TO HCP/ AUTH IS NEEDED FROM HEALTH CARE PARTNERS	NO, IF PCP BELONGS TO HCP/ AUTH IS NOT NEEDED/NEED ONLY HCP INS REFERRAL	YES, IF PCP BELONGS TO HCP/ AUTH IS NEEDED FROM HEALTH CARE PARTNERS	YES, IF PCP BELONGS TO HCP/ AUTH IS NEEDED FROM HEALTH CARE PARTNERS	YES, IF PCP BELONGS TO HCP/ AUTH IS NEEDED FROM HEALTH CARE PARTNERS	YES, IF PCP BELONGS TO HCP/ AUTH IS NEEDED FROM HEALTH CARE PARTNERS	YES, IF PCP BELONGS TO HCP/ AUTH IS NEEDED FROM HEALTH CARE PARTNERS	YES, IF PCP BELONGS TO HCP/ AUTH IS NEEDED FROM HEALTH CARE PARTNERS	NEED AUTH FOR ALL PROCEDURES	
			<u>IF PCP IS NOT PART OF HEALTHCARE PARTNERS/HERITAGE * INSURANCE REFERRAL IS NEEDED FROM LIBERTY MUTUAL INSURANCE*</u>	YES, GET AUTH BY CALLING LIBERTY AT 212-642-3443	YES, GET AUTH BY CALLING LIBERTY AT 212-642-3443	YES, GET AUTH BY CALLING LIBERTY AT 212-642-3443	YES, GET AUTH BY CALLING LIBERTY AT 212-642-3443	YES, GET AUTH BY CALLING LIBERTY AT 212-642-3443	YES, GET AUTH BY CALLING LIBERTY AT 212-642-3443	YES, GET AUTH BY CALLING LIBERTY AT 212-642-3443	YES, GET AUTH BY CALLING LIBERTY AT 212-642-3443	YES, GET AUTH BY CALLING LIBERTY AT 212-642-3443	YES, GET AUTH BY CALLING LIBERTY AT 212-642-3443		
LIEN CASES (ATTORNEY) see COMMENTS FOR INFO NEEDED	MUST GET ATTORNEY INFORMATION		DOCTORS REFERRAL NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CENTER MANAGERS SHOULD APPROVE LIEN CASES BY SIGNING ON THE PATIENTS PAPERWORK. WE NEED THE ATTORNEY NAME, ADDRESS & PHONE #.	
LOCAL 15,15A,15C,15D (MULTIPLAN) SEE COMMENTS	ELIGIBILITY MUST BE VERIFIED BY PHONE	N/A	DOCTORS REFERRAL NEEDED	CALL UNION AND VERIFY WHETHER AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL 212-255-0789 FOR ELIGIBILITY	
LOCAL 210/ STRING NETWORK	ELIGIBILITY MUST BE VERIFIED BY PHONE	N/A	DOCTORS REFERRAL NEEDED	CALL UNION AND VERIFY WHETHER AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO		

REQUIREMENTS TO BILL INSURANCE COMPANIES 2010															
INSURANCE CO.	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	WEBSITE ADDRESS	REFERRAL REQUIRED	AUTHORIZATION REQUIRED										COMMENTS	
				PET SCAN & PETCT	MRA & MRI	CT SCAN & CT ANGIOGRAPHY	SONO	MAMMO	X-RAYS	VASCULAR STUDIES	ECHO	NUCLEAR MEDICINE & NUCLEAR CARDIOLOGY	BREAST BIOPSY		
LOCAL 282 - MULTIPLAN	ELIGIBILITY MUST BE VERIFIED BY PHONE	N/A	DOCTORS REFERRAL NEEDED	YES FROM MEDLINK, BY CALLING 888-558-0680 SEE COMMENTS	YES FROM MEDLINK, BY CALLING 888-558-0680 SEE COMMENTS	YES FROM MEDLINK, BY CALLING 888-558-0680 SEE COMMENTS	NO	NO	NO	NO	NO	NO	NO	NO	FOR ELIG CALL LOCAL 282 AT: 1-888-558-0680 // FOR AUTH CALL MEDLINK 888-558-0680
LOCAL 3- UNITED STOREWORKERS UNION	ELIGIBILITY MUST BE VERIFIED BY PHONE 212- 371-6230	N/A	DOCTORS REFERRAL NEEDED	CALL UNION AND VERIFY WHETHER AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL UNION 212-371-6230
LOCAL 670 MULTIPLAN	ELIGIBILITY MUST BE VERIFIED BY PHONE		DOCTOR REFERRAL NEEDED	NEED TO CALL INS & VERIFY IF AUTH NEEDED	NEED TO CALL INS & VERIFY IF AUTH NEEDED	NEED TO CALL INS & VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	NO	NEED TO CALL INS & VERIFY IF AUTH NEEDED	NEED TO CALL INS & VERIFY IF AUTH NEEDED	LOCAL 670 DOES NOT REQUIRES THE UNION CLAIM FORM PRECERTIFICATION REQUIREMENTS DEPENDS ON PATIENTS PLAN// PLEASE CALL TELEPHONE# ON INS CARD TO VERIFY....
LOCAL 734	ELIGIBILITY MUST BE VERIFIED BY PHONE		LOCAL 734 CLAIM FORM NEEDED	NEED TO CALL INS & VERIFY IF AUTH NEEDED	LOCAL 734 CLAIM FORM NEEDED	LOCAL 734 CLAIM FORM NEEDED	LOCAL 734 CLAIM FORM NEEDED	LOCAL 734 CLAIM FORM NEEDED	LOCAL 734 CLAIM FORM NEEDED	LOCAL 734 CLAIM FORM NEEDED	LOCAL 734 CLAIM FORM NEEDED	LOCAL 734 CLAIM FORM NEEDED	LOCAL 734 CLAIM FORM NEEDED	NEED TO CALL INS & VERIFY IF AUTH NEEDED	
LOCALS & UNIONS, MISC.	ELIGIBILITY MUST BE VERIFIED BY PHONE		ORIGINAL LOCAL CLAIM FORM NEEDED	CALL HICKSVILLE	PLEASE CALL LOCAL OR UNION TO FIND OUT IF THE MEMBER IS RESPONSIBLE FOR ANY CO-PAY, CO-INSURANCE OR DEDUCTIBLE. IF THE MEMBER IS RESPONSIBLE.								NEED TO CALL INS & VERIFY IF AUTH NEEDED	MUST CALL TELEPHONE# ON INSURANCE TO VERIFY INSURANCE REQUIREMENTS.	
MAGNACARE NETWORK (PCMS) INSURANCE CARD	ELIGIBILITY MUST BE VERIFIED BY PHONE	www.pcms-magnacare.com	DOCTORS REFERRAL NEEDED	YES/ MUST CONFIRM FOR EACH PLAN WHETHER AUTH IS NECESSARY	YES/ MUST CONFIRM FOR EACH PLAN WHETHER AUTH IS NECESSARY	YES/ MUST CONFIRM FOR EACH PLAN WHETHER AUTH IS NECESSARY	NO	NO	NO	NO	NO	NO	YES. STRESS THALLIUM & CARDIOLYTE ONLY	NEED TO CALL INS & VERIFY IF AUTH NEEDED	MAGNACARE HAS MANY CLIENT-CONTRACTS, SO CONFIRM THE NECESSITY OF AUTHORIZATION FOR ANY PET SCAN, MRI, CAT SCAN, NUCLEAR CARDIOLOGY AND BREAST BIOPSY STUDIES BY CALLING TELEPHONE # LISTED ON THE PATIENT INSURANCE CARD. OR CALL MAGNACARE PRE-CERTIFICATION /AUTHORIZATION 1888-362-4624

REQUIREMENTS TO BILL INSURANCE COMPANIES 2010															
INSURANCE CO.	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	WEBSITE ADDRESS	REFERRAL REQUIRED	AUTHORIZATION REQUIRED										COMMENTS	
				PET SCAN & PETCT	MRA & MRI	CT SCAN & CT ANGIOGRAPHY	SONO	MAMMO	X-RAYS	VASCULAR STUDIES	ECHO	NUCLEAR MEDICINE & NUCLEAR CARDIOLOGY	BREAST BIOPSY		
MAGNACARE AMALGAMATED /ALICARE	ELIGILITY MUST BE VERIFIED BY PHONE	WWW.PCMS-MAGNACARE.COM	DOCTOR REFERRAL NEEDED	YES,SEE COMMMENTS	YES,SEE COMMENTS	YES,SEE COMMENTS	NO	NO	NO	NO	NO	NO	YES,SEE COMMENTS	NEED TO CALL INS & VERIFY IF AUTH NEEDED	CALL TELEPHONE ON THE INSURANCE CARD TO FIND OUT IF THE MEMBER PLAN REQUIRES PRE-CERTIFICATION AND DEDUCTIBLE AND CO-INSURANCE. IF NO CARD CALL (800) 332-5426 TO VERIFY AOTHORIZATION REQUIREMENTS
MAGNACARE BENEFITS CONCEPTS	ELIGILITY MUST BE VERIFIED BY PHONE	WWW.PCMS-MAGNACARE.COM	DOCTOR REFERRAL NEEDED	YES/ MUST CONFIRM FOR EACH PLAN WHETHER AUTH IS NECESSARY	YES	YES	NO	NO	NO	NO	NO	NO	YES, STRESS THALLIUM & CARDIOLYTE ONLY	NEED TO CALL INS & VERIFY IF AUTH NEEDED	CALL AND GET AUTHORIZATION FOR ALL MRIS, MRA'S, CT'S ,CARDIOLYTE AND STRESS THALLIUM. 800-220-2600. PRE-CERTIFICATIONS MAY VARY BY PLAN SPONSOR(CONTRACTS)
MAGNACARE MET COUNCIL	ELIGILITY MUST BE VERIFIED BY PHONE	WWW.PCMS-MAGNACARE.COM	DOCTOR REFERRAL NEEDED	YES	YES	YES	NO	NO	NO	NO	NO	NO	NO	NEED TO CALL INS & VERIFY IF AUTH NEEDED	CALL MET COUNCIL UNION TO GET PRE-CERTIFICATION FOR PET,MRIS,MRAS, & CT** CALL TELEPHONE # ON INSURANCE CARD
MAGNACARE NIPPON LIFE INSURANCE OF AMERICA	ELIGILITY MUST BE VERIFIED BY PHONE	WWW.PCMS-MAGNACARE.COM	DOCTOR REFERRAL NEEDED	<u>CALL 800-937-6542 TO VERIFY WHETHER AUTH IS NEEDED</u>	<u>CALL 800-937-6542 TO VERIFY WHETHER AUTH IS NEEDED</u>	<u>CALL 800-937-6542 TO VERIFY WHETHER AUTH IS NEEDED</u>	NO	NO	NO	NO	NO	NO	<u>CALL 800-937-6542 TO VERIFY WHETHER AUTH IS NEEDED</u>	<u>CALL 800-937-6542 TO VERIFY WHETHER AUTH IS NEEDED</u>	<u>CALL 800-937-6542 TO VERIFY WHETHER AUTH IS NEEDED</u>
MAGNACARE LOCAL 1181 DIV.	ELIGILITY MUST BE VERIFIED BY PHONE	WWW.PCMS-MAGNACARE.COM	DOCTORS REFERRAL NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	<u>CALL 888-242-6446 OR 718-845-5800 TO VERIFY ELIGIBILITY</u>
MAGNACARE LOCAL 148 PRODUCTION WORKERS UNION WELFARE FUND	ELIGILITY MUST BE VERIFIED BY PHONE 888-225-0324	WWW.PCMS-MAGNACARE.COM	DOCTORS REFERRAL NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	888-225-0324

REQUIREMENTS TO BILL INSURANCE COMPANIES 2010															
INSURANCE CO.	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	WEBSITE ADDRESS	REFERRAL REQUIRED	AUTHORIZATION REQUIRED										COMMENTS	
				PET SCAN & PETCT	MRA & MRI	CT SCAN & CT ANGIOGRAPHY	SONO	MAMMO	X-RAYS	VASCULAR STUDIES	ECHO	NUCLEAR MEDICINE & NUCLEAR CARDIOLOGY	BREAST BIOPSY		
MAGNACARE LOCAL 174 AFFILIATED TRUST FUND *COLLECT \$ 25.00 /COPAY FOR XRAYS	ELIGIBILITY MUST BE VERIFIED BY PHONE	WWW.PCMS-MAGNACARE.COM	DOCTORS REFERRAL NEEDED	YES/ MUST CONFIRM WITH LOCAL 174 UNION . WHETHER AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	212-307-7007
MAGNACARE LOCAL DC 1707/389	ELIGIBILITY MUST BE VERIFIED BY PHONE BY CALLING 866-624-6258	WWW.PCMS-MAGNACARE.COM	DOCTORS REFERRAL NEEDED	YES, AUTH IS NEEDED / CALL THE LOCAL AT 1-866-624-6258	YES, AUTH IS NEEDED / CALL THE LOCAL AT 1-866-624-6258	YES, AUTH IS NEEDED / CALL THE LOCAL AT 1-866-624-6258 FOR CHARGES OVER \$500	YES, AUTH IS NEEDED / CALL THE LOCAL AT 1-866-624-6258 FOR CHARGES OVER \$500	YES, AUTH IS NEEDED / CALL THE LOCAL AT 1-866-624-6258 FOR CHARGES OVER \$500	YES, AUTH IS NEEDED / CALL THE LOCAL AT 1-866-624-6258 FOR CHARGES OVER \$500	YES, AUTH IS NEEDED / CALL THE LOCAL AT 1-866-624-6258 FOR CHARGES OVER \$500	YES, AUTH IS NEEDED / CALL THE LOCAL AT 1-866-624-6258 FOR CHARGES OVER \$500	YES, AUTH IS NEEDED / CALL THE LOCAL AT 1-866-624-6258 FOR CHARGES OVER \$500	YES, AUTH IS NEEDED / CALL THE LOCAL AT 1-866-624-6258 FOR CHARGES OVER \$500	YES, AUTH IS NEEDED / CALL THE LOCAL AT 1-866-624-6258 FOR CHARGES OVER \$500	FOR AUTH CALL THE UNION AT 866-624-6258... FOR ELIG CALL 1-866-624-6258
MAGNACARE DC 1707	ELIGIBILITY MUST BE VERIFIED BY PHONE BY CALLING 212	WWW.PCMS-MAGNACARE.COM	DOCTORS REFERRAL NEEDED	YES, NEED TO CALL MAGNACARE AT 800-235-7267 TO VERIFY IF AUTH IS REQ	YES, NEED TO CALL MAGNACARE AT 800-235-7267 TO VERIFY IF AUTH IS REQ	YES, NEED TO CALL MAGNACARE AT 800-235-7267 TO VERIFY IF AUTH IS REQ	NO	NO	NO	NO	NO	NO	YES, NEED TO CALL MAGNACARE AT 800-235-7267 TO VERIFY IF AUTH IS REQ	YES, NEED TO CALL MAGNACARE AT 800-235-7267 TO VERIFY IF AUTH IS REQ	FOR AUTH REQUIREMENTS DC1707 DIRECT LOCAL # IS 212-334-0096
MAGNACARE LOCAL 272 WELFARE FUND *PREFIX ZJD **	ELIGIBILITY MUST BE VERIFIED BY PHONE	WWW.PCMS-MAGNACARE.COM	DOCTORS REFERRAL NEEDED	YES, THRU ALCARE 800-332-5426	YES, MRA'S & MRA'S THRU ALCARE 800-332-5426	YES, ALL CTS THRU ALCARE 800-332-5426	NO	NO	NO	NO	NO	NO	YES, ONLY NUCLEAR CARDIOLOGY THRU ALCARE 800-332-5426	YES	FOR ELIGIBILITY VERIFICATION CALL LOCAL 212-726-9730 ///// FOR AUTHO CALL ALCARE AT 800*332-5423
MAGNACARE LOCAL 298 AFL-CIO	ELIGIBILITY MUST BE VERIFIED BY PHONE	WWW.PCMS-MAGNACARE.COM	DOCTORS REFERRAL NEEDED	CALL UNION AND VERIFY WHETHER AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL TELEPHONE # ON INSURANCE CARD
MAGNACARE LOCAL 3 /PENSION & HOSPITALIZATION AND BENEFIT PLAN OF THE ELECTRICAL INDUSTRY	ELIGIBILITY MUST BE VERIFIED BY PHONE	WWW.PCMS-MAGNACARE.COM	DOCTORS REFERRAL NEEDED	NO. SEE COMMENTS	NO. SEE COMMENTS	NO. SEE COMMENTS	NO. SEE COMMENTS	NO. SEE COMMENTS	NO. SEE COMMENTS	NO. SEE COMMENTS	NO. SEE COMMENTS	NO. SEE COMMENTS	NO. SEE COMMENTS	NO. SEE COMMENTS	CALL TELEPHONE # ON INSURANCE CARD
MAGNACARE LOCAL 305 HEALTH	ELIGIBILITY MUST BE VERIFIED BY PHONE	WWW.PCMS-MAGNACARE.COM	DOCTORS REFERRAL NEEDED	YES, NEED TO CALL UNION AT 1-914-478-5337	YES, NEED TO CALL UNION AT 1-914-478-5337	YES, NEED TO CALL UNION AT 1-914-478-5337	NO	NO	NO	NO	NO	NO	NO	NO	CALL UNION AT 1-914-478-5337 AND VERIFY WHETHER AUTH IS NEEDED FOR PET,MRI, MRA,CT,CT STUDIES
MAGNACARE LOCAL 338 HEALTH & WELFARE FUND	ELIGIBILITY MUST BE VERIFIED BY PHONE 718-997-7400 ext 776	WWW.PCMS-MAGNACARE.COM	DOCTORS REFERRAL NEEDED & \$20.00 copay for all Diagnostic services (one co-pay per visit)	YES, NEED TO CALL UNION AT 718-997-7400 EXT 776	YES, NEED TO CALL UNION AT 718-997-7400 EXT 776	NO	NO	NO	NO	NO	NO	NO	NO	NO	ELIGIBILITY MUST BE VERIFIED BY PHONE 718-997-7400 ext 776

REQUIREMENTS TO BILL INSURANCE COMPANIES 2010															
INSURANCE CO.	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	WEBSITE ADDRESS	REFERRAL REQUIRED	AUTHORIZATION REQUIRED										COMMENTS	
				PET SCAN & PETCT	MRA & MRI	CT SCAN & CT ANGIOGRAPHY	SONO	MAMMO	X-RAYS	VASCULAR STUDIES	ECHO	NUCLEAR MEDICINE & NUCLEAR CARDIOLOGY	BREAST BIOPSY		
MAGNACARE LOCAL 342 WELFARE FUND	ELIGIBILITY MUST BE VERIFIED BY PHONE 516-887-2255	WWW.PCMS-MAGNACARE.COM	DOCTORS REFERRAL NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	MALONEY-516-887-2255
MAGNACARE LOCAL 381	ELIGIBILITY MUST BE VERIFY BY CALLING 516-248-2396	WWW.PCMS-MAGNACARE.COM	DOCTORS REFERRAL NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL UNION AT 516-248-2396
MAGNACARE LOCAL 707 ROAD CARRIERS	ELIGIBILITY MUST BE VERIFIED BY PHONE	WWW.PCMS-MAGNACARE.COM	DOCTORS REFERRAL NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL TELEPHONE # ON INSURANCE CARD
MAGANACARE LOCAL 806	ELIGIBILITY MUST BE VERIFIED BY PHONE 212-447-0149	WWW.PCMS-MAGNACARE.COM	DOCTORS REFERRAL NEEDED	NEED TO CALL INS & VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	ELIGILITY AND AUTHORIZATION REQUIREMENT, MUST BE VERIFIED BY PHONE 212-447-0149
MAGNACARE LOCAL 810 UNITED WIRE METAL AND MACHINE HEALTH WELFARE FUND	ELIGIBILITY MUST BE VERIFIED BY PHONE 212-691-4100	WWW.PCMS-MAGNACARE.COM	FOR PATIENTS REFERRED BY UNITED METAL /LOCAL 810 -10 EAST 15TH STREET NYNY 10003 MEDICAL CENTER DOCTORS LOCAL 810 REF IS NEEDED	NO, ONLY UNITED WIRE ,METAL - LOCAL 810 INSURANCE REFERRAL IS NEEDED	NO, ONLY UNITED WIRE ,METAL - LOCAL 810 INSURANCE REFERRAL IS NEEDED	NO, ONLY UNITED WIRE ,METAL - LOCAL 810 INSURANCE REFERRAL IS NEEDED	NO, ONLY UNITED WIRE ,METAL - LOCAL 810 INSURANCE REFERRAL IS NEEDED	NO, ONLY UNITED WIRE ,METAL - LOCAL 810 INSURANCE REFERRAL IS NEEDED	NO, ONLY UNITED WIRE ,METAL - LOCAL 810 INSURANCE REFERRAL IS NEEDED	NO, ONLY UNITED WIRE ,METAL - LOCAL 810 INSURANCE REFERRAL IS NEEDED	NO, ONLY UNITED WIRE ,METAL - LOCAL 810 INSURANCE REFERRAL IS NEEDED	NO, ONLY UNITED WIRE ,METAL - LOCAL 810 INSURANCE REFERRAL IS NEEDED	NO, ONLY UNITED WIRE ,METAL - LOCAL 810 INSURANCE REFERRAL IS NEEDED	NO, ONLY UNITED WIRE ,METAL - LOCAL 810 INSURANCE REFERRAL IS NEEDED	NATIONAL HEALTH PLAN 212-279-3232 ///
			FOR PATIENTS THAT ARE NOT REFERRED BY UNITED MEDICAL LOCAL 810 MEDICAL CENTER DOCTORS * NO REF IS NEEDED *MEMBER NEED TO PAY \$50 COPAY FOR PET ,MRA,MRS & CTS STUDIES	YES,BY CALLING ALICARE 800-332-5426 PLUS \$50.00 COPAY	0	YES,BY CALLING ALICARE 800-332-5426 PLUS \$50.00 COPAY	NO	NO	NO	NO	NO	NO	NO	NO	NO
MAGNACARE LOCAL 854	ELIGIBILITY MUST BE VERIFIED BY PHONE	WWW.PCMS-MAGNACARE.COM	DOCTORS REFERRAL NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL LOCAL AT 516-833-9300 OR MAGNACARE 1800-235-7267
MAGNACARE LOCAL 91 UNITED CRAFT	ELIGIBILITY MUST BE VERIFIED BY PHONE WITH LOCAL 91 UNION	WWW.PCMS-MAGNACARE.COM	DOCTORS REFERRAL NEEDED	YES /CALL 516-877-9228	YES /CALL 516-877-9228	YES /CALL 516-877-9228	NO	NO	NO	ONLY IF THE STUDY IS OVER \$250.00 BY CALLING 516-877-9228	ONLY IF THE STUDY IS OVER \$250.00 BY CALLING 516-877-9228	YES /CALL 516-877-9228	YES /CALL 516-877-9228	FOR LOCAL 91 NEED PRE-CERTIFICATION FOR ANY TEST OVER \$ 250.00/	

REQUIREMENTS TO BILL INSURANCE COMPANIES 2010															
INSURANCE CO.	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	WEBSITE ADDRESS	REFERRAL REQUIRED	AUTHORIZATION REQUIRED										COMMENTS	
				PET SCAN & PETCT	MRA & MRI	CT SCAN & CT ANGIOGRAPHY	SONO	MAMMO	X-RAYS	VASCULAR STUDIES	ECHO	NUCLEAR MEDICINE & NUCLEAR CARDIOLOGY	BREAST BIOPSY		
MAGNACARE LOCAL 918 TEMASTERS	ELIGILITY MUST BE VERIFIED BY PHONE WITH LOCAL 918 BY CALLING 718-842-1212 OR 718-258-9180	www.pcms-magnacare.com	DOCTORS REFERRAL NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	ELIGILITY MUST BE VERIFIED BY PHONE WITH LOCAL 918 BY CALLING 718-842-1212 OR 718-258-9180
MEDICAL EXPRESS HOUSE	DR REFERRAL NEEDED		DR REFERRAL NEEDED	CONTRACTED TO DO ALL PROCEDURES // AUTH LETTER REQUIRES FOR ALL TEST. INSURANCE WILL NOT PAY WITHOUT AUTH LETTER.										THIS IS A TRAVELLERS INSURANCE. WE HAVE A CONTRACT TO DO ALL PROCEDURES. CALL TEL# 888- 840- 5075 TO CONFIRM IF NO AUTH GIVEN	
MEDICAID **CHECK FOR MEDICAID ELEGIBILITY* AND HMO'S	NEED UT- PRINT OUT/SEE COMMENTS	https://www.emedny.org	DOCTORS REFERRAL NEEDED	YES EFF DOS 4/18/2011	YES EFF DOS 4/18/2011	YES EFF DOS 4/18/2011	NO	NO	NO	NO	NO	NO	NO	NO	EFF 4/18/2011 DOS AUTH NEEDED FOR CT, CTA, MRI, MRA, CARDIAC NUCLEAR MEDICINE AND PETSCAN FROM RADCONSULT. TO CONFIRM AUTH, CALL 888-209-4122 MON - FRI 8 AM - 6 PM EST. AUTH REQUIRED FOR MEDICAID BENEFICIARIES THAT HAVE MEDICAID AS PRIMARY COVERAGE ONLY. MEDICAID AS SECONDARY AND PT WHO ARE ENROLLED IN AN HMO ARE EXEMPTED. TO CHECK AUTH, LOG ON TO www.healthhelp.com/nysmedicaidffs
MEDICARE (ALWAYS CALL MEDICARE FOR DEDUCTIBLE (DED IS \$162.00) PT RESPONSIBLE FOR 20% MEDICARE APPROVED AMOUNT/ IF NO SEC INSURANCE **SEE COMMENTS (FOR HOSPITAL IN PATIENT)**	ELIGILITY MUST BE VERIFIED BY PHONE & FORM NEEDS TO BE COMPLETE		DOCTORS REFERRAL NEEDED	NO	NO	(MCR COVERS 77080- DEXA ONCE EVERY TWO YEARS /SEE COMMENTS	NO	TECH MUST INFORM FRONT DESK IF SCREENING OR DIAGNOSTIC MAMMO, otherwise enter screening mammo	NO	NO	NO	NO, SEE COMMENTS	NO, SEE COMMENTS	NO	

REQUIREMENTS TO BILL INSURANCE COMPANIES 2010															
INSURANCE CO.	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	WEBSITE ADDRESS	REFERRAL REQUIRED	AUTHORIZATION REQUIRED										COMMENTS	
				PET SCAN & PETCT	MRA & MRI	CT SCAN & CT ANGIOGRAPHY	SONO	MAMMO	X-RAYS	VASCULAR STUDIES	ECHO	NUCLEAR MEDICINE & NUCLEAR CARDIOLOGY	BREAST BIOPSY		
MEDICARE RAILROAD	ELIGIBILITY MUST BE VERIFIED BY PHONE		DOCTORS REFERAL NEEDED	NO	NO	(MCR COVERS DEXA ONCE EVERY TWO YEARS /SEE COMMENTS	NO	TECH MUST INFORM FRONT DESK IF SCREE. OR DIAGN MAMMO, otherwise enter screening mammo	NO	NO	NO	NO	NO	NO	ROUTINE MAMMO CAN BE DONE ONCE A YEAR , AND DEXA CAN BE DONE ONCE EVERY TWO YEARS.
MDNY HEALTH CARE HMO,POS.HEALTHY NY,LIA PLANS	ELIGIBILITY MUST BE VERIFIED BY PHONE	WWW.CARECOREN ATIONAL.COM FOR AUTH	DOCTOR REFERRAL NEEDED	YES, ALL PET SCANS, NEED AUTH # PER EACH CPT CODE FROM CARECORE	YES, NEED AUTH # PER EACH CPT CODE FROM CARECORE	YES, NEED AUTH # PER EACH CPT CODE FROM CARECORE	ONLY THESE CPTS 76377 D VOL 76801 76805 76811 76812 76817 BEYOND THREE STUDIES*	NO	NO	NO	NO	NO	YES, NEED AUTH # PER EACH CPT CODE FROM CARECOR E		REFERRING PHYSICIAN IS REQUIRED TO GET AUTH#S FROM CARECORE-MDNY. WE CAN VERIFY AUTH ON CARECORE WEBSITE OR CALL 1-800-934-7153 AUTH IS VALID FOR 45 DAYS ONLY!! TO VERIFY MEMBER ELEGIBILITY/BENEFITS CALL 1-800-934-7153 OR 1-800-909-1970 PRESS PROMPT 1. FOLLOW CARECORE GUIDELINES **
MEDLINK PRIV & WC (THEY WILL SCHEDULE THE APPOINTMENT FOR THE PAT) <u>MEDLINK PHONE 800-335-5465 (SEE COMMENTS)</u>	ELIGIBILITY MUST BE VERIFIED BY PHONE		MEDLINK AUTH LETTER NEEDED THEY WILL FAXED IT TO OUR OFFICE WHEN SCHEDULING THE APPOINTMENT FOR THE PAT.	NEED TO CALL INS & VERIFY IF AUTH NEEDED	NEED MEDLINK AUTH# SEE COMMENTS	NEED MEDLINK AUTH# SEE COMMENTS	NEED MEDLINK AUTH# SEE COMMENTS	NEED MEDLINK AUTH# SEE COMMENTS	NEED MEDLINK AUTH# SEE COMMENTS	NEED MEDLINK AUTH# SEE COMMENTS	NEED MEDLINK AUTH# SEE COMMENTS	NEED MEDLINK AUTH# SEE COMMENTS	NEED MEDLINK AUTH# SEE COMMENTS	NEED TO CALL INS & VERIFY IF AUTH NEEDED	MEDLINK WILL CALL & MAKE THE APPOINTMENT FOR THE PAT/ONCE APPOINTMENT IS CONFIRMED A MED LINK REFERRAL WITH AUTH # WILL BE FAXED TO DOSHL WE ONLY CAN SEE PATIENT IF MEDLINK FAXED OVER THEIR REFERRAL. IF REF DOCTOR IS MAKING THE APPOINT WE CAN NOT SEE THE PATIENT WITHOUT GETTING REFERRAL & AUTH FROM MEDLINK . OTHERWISE MEDLINK WILL NOT PAY THE BILL. .
MEDFOCUS WC (SEE COMMENTS)	ELIGIBILITY MUST BE VERIFIED BY PHONE		MEDFOCUS AUTH LETTER NEEDED, THEY WILL FAXED IT TO OUR OFFICE WHEN SCHEDULING THE APPOINTMENT FOR THE PAT.	CALL HICKSVILLE	AUTH LETTER NEEDED	AUTH LETTER NEEDED	AUTH LETTER NEEDED	AUTH LETTER NEEDED	AUTH LETTER NEEDED	AUTH LETTER NEEDED	AUTH LETTER NEEDED	AUTH LETTER NEEDED	AUTH LETTER NEEDED	NEED TO CALL INS & VERIFY IF AUTH NEEDED	NEED AUTH FOR ALL PROCEDURES \$1000. & GREATER
MEDFOCUS COMMERCIAL	ELIGIBILITY MUST BE VERIFIED BY PHONE		DOCTOR REFERRAL NEEDED	YES	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	CLAIM FOR 1199 NATIONAL BENEFIT PLANS AND HOMECARE MEMBERS ARE PROCESSED BY MEDFOCUS. AUTH NEEDED FROM CARE TO CARE FOR MRI, MRA, CT, CTA, and PETSCANS.

REQUIREMENTS TO BILL INSURANCE COMPANIES 2010															
INSURANCE CO.	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	WEBSITE ADDRESS	REFERRAL REQUIRED	AUTHORIZATION REQUIRED										COMMENTS	
				PET SCAN & PETCT	MRA & MRI	CT SCAN & CT ANGIOGRAPHY	SONO	MAMMO	X-RAYS	VASCULAR STUDIES	ECHO	NUCLEAR MEDICINE & NUCLEAR CARDIOLOGY	BREAST BIOPSY		
MED SOLUTIONS WORKERS COMP (SEE COMMENTS)	ELIGIBILITY MUST BE VERIFIED BY PHONE		MEDSOLUTION REFERRAL	AUTH LETTER NEEDED	AUTH LETTER NEEDED	AUTH LETTER NEEDED	AUTH LETTER NEEDED	AUTH LETTER NEEDED	AUTH LETTER NEEDED	AUTH LETTER NEEDED	AUTH LETTER NEEDED	AUTH LETTER NEEDED	AUTH LETTER NEEDED	AUTH LETTER NEEDED	MED SOLUTIONS WILL SCHEDULE WORKER COMP PATIENTS ON BEHALF OF THEIR PAYORS. & A MEDSOLUTION REFERRAL WILL BE FAXED . FOR AUTHORIZATIONS CALL 1-888-693-3295 OR 3211 ** FOR PRIVATE SEE GREAT WEST INS***
METRO PLUS	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	www.metroplus.org	DOCTOR REFERRAL NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NEED TO CALL INS & VERIFY IF AUTH NEEDED	CALL 800-597-3380 FOR ELIGIBILITY AND PRECERTIFICATION
MULTIPLAN LOGO (ALL INS CARDS)	ELIGIBILITY MUST BE VERIFIED BY PHONE		DOCTORS REFERRAL NEEDED	YES, BUT IT MAY VARY BY PLAN	CALL FOR MRAs & MRIs TO FIND OUT IF WE NEED PRE-CERT/ PHONE # ON PAT'S CARD	CALL FOR ALL CT'S TO FIND OUT IF WE NEED PRE-CERT/ PHONE # ON PAT'S CARD	NO	NO	NO	NO	NO	NO	CALL FOR CARDIOLYTE & STRESS TEST FIND OUT IF WE NEED PRE-CERT/ PHONE # ON PAT'S CARD	AUTH NEEDED DEPENDIN G ON MEMBERS PLAN OR LOCAL UNION NEED TO CALL FOR EACH UNION... FOR LOCAL 348 AUTH IS NOT	CALL INSURANCE COMPANY (TO FIND OUT IF THE MEMBER IS RESPONSIBLE FOR ANY CO-INSURANCE,COPAYMENT OR DEDUCTIBLE). IF MEMBER RESPONSIBLE ,PLEASE COLLECT THE MONEY. UNITED CRAFT INSURANCE NEED AUTHORIZATION FOR ANY CHARGE OVER \$200.00.
MULTIPLAN (ALICARE)	ELIGIBILITY MUST BE VERIFIED BY PHONE		DOCTOR REFERRAL NEEDED	YES	YES, ALL MRIs & MRAs	NO	NO	NO	NO	NO	NO	NO	NO	NEED TO CALL INS & VERIFY IF AUTH NEEDED	CALL ALICARE INS CO. TO FIND OUT IF THE MEMBER IS RESPONSIBLE FOR ANY DEDUCTIBLE OR CO-INSURANCE. IF MEMBER RESPONSIBLE PLEASE, COLLECT THE MONEY . FOR PRE-CERTIFICATION CALL (800) 332-5426 OR (212) 539-5112
MULTIPLAN (AMALGAMATED LIFE) GROUP WSH-MP	ELIGIBILITY MUST BE VERIFIED BY PHONE		DOCTOR REFERRAL NEEDED	YES , BY CALLING ALICARE 800-543-4723	YES , BY CALLING ALICARE 800-543-4723	YES , BY CALLING ALICARE 800-543-4723	NO	NO	NO	NO	NO	NO	NO	NO	TELEPHONE# 800-543-4723
MULTIPLAN BENEFIT CONCEPTS	ELIGIBILITY MUST BE VERIFIED BY PHONE		DOCTOR REFERRAL NEEDED	YES	YES	YES	NO	NO	NO	NO	NO	NO	YES, ONLY STRESS THALLIUM & CARDIOLYTE	NEED TO CALL INS & VERIFY IF AUTH NEEDED	CALL AND GET AUTHORIZATION FOR ALL MRIs, MRAs, CT'S ,CARDIOLYTE AND STRESS THALLIUM. 800-220-2600. PRE-CERTIFICATIONS MAY VARY BY PLAN SPONSOR(CONTRACTS)
MUTIPLAN LOCAL 107 LABOR MANAGEMENT TRUST FUND *COLLECT COPAY XRAYS10.00 MRIS 50.00	ELIG BY CALLING 718-522-7272		DOCTOR REFERRAL NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	ELIG BY CALLING 718-522-7272
MULTIPLAN LOCAL 1964 HEALTH AND INSURANCE FUND	ELIGIBILITY MUST BE VERIFIED BY PHONE 201-440-6523		DOCTOR REFERRAL NEEDED	YES,CALL THE LOCAL TO VERIFY WHETHER AUTH IS NEEDED AT 201-440-6523	YES,CALL THE LOCAL TO VERIFY WHETHER AUTH IS NEEDED AT 201-440-6523	YES,CALL THE LOCAL TO VERIFY WHETHER AUTH IS NEEDED AT 201-440-6523	NO	NO	NO	NO	NO	NO	YES,CALL THE LOCAL TO VERIFY WHETHER AUTH IS NEEDED AT 201-440-6523	NO	ELIGIBILITY MUST BE VERIFIED BY PHONE 201-440-6523

REQUIREMENTS TO BILL INSURANCE COMPANIES 2010															
INSURANCE CO.	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	WEBSITE ADDRESS	REFERRAL REQUIRED	AUTHORIZATION REQUIRED										COMMENTS	
				PET SCAN & PETCT	MRA & MRI	CT SCAN & CT ANGIOGRAPHY	SONO	MAMMO	X-RAYS	VASCULAR STUDIES	ECHO	NUCLEAR MEDICINE & NUCLEAR CARDIOLOGY	BREAST BIOPSY		
MULTIPLAN (LOCAL 338)	ELIGIBILITY MUST BE VERIFIED BY PHONE		DOCTOR REFERRAL NEEDED	YES	YES	DEXA ONLY	NO	NO	NO	NO	NO	NO	NO	NEED TO CALL INS & VERIFY IF AUTH NEEDED	FOR PRE-CERTIFICATION CALL LOCAL 338 (718) 997-7400
NATIONAL HEALTH PLAN CORP LOGO FOR (LOCAL 295CND, 463, T5418 & T5418 UNIONS)	ELIGIBILITY MUST BE VERIFIED BY PHONE		DOCTORS REFERRAL NEEDED, NEED CLAIM FORM	CALL INS & VERIFY IF AUTH NEEDED	NO AUTH NEEDED, NEED NHP CLAIM FORM SIGNED BY MEMBER	NO AUTH NEEDED, NEED NHP CLAIM FORM SIGNED BY MEMBER	NO AUTH NEEDED, NEED NHP CLAIM FORM SIGNED BY MEMBER	NO AUTH NEEDED, NEED NHP CLAIM FORM SIGNED BY MEMBER	NO AUTH NEEDED, NEED NHP CLAIM FORM SIGNED BY MEMBER	NO AUTH NEEDED, NEED NHP CLAIM FORM SIGNED BY MEMBER	NO AUTH NEEDED, NEED NHP CLAIM FORM SIGNED BY MEMBER	NO AUTH NEEDED, NEED NHP CLAIM FORM SIGNED BY MEMBER	NO AUTH NEEDED, NEED NHP CLAIM FORM SIGNED BY MEMBER	NEED TO CALL INS & VERIFY IF AUTH NEEDED	NEED CLAIM FORM SIGNED BY MEMBER /// CALL FOR MEMBER ELEGIBILITY (212) 279-3232
NAPP ± NATIONAL ASSOCIATION OF PREFERRED PROVIDERS PPO	ELIGIBILITY MUST BE VERIFIED BY PHONE		DOCTORS REFERRAL NEEDED	PT RESP FOR 70% OF STANDARD FEE	PT RESP FOR 70% OF STANDARD FEE	PT RESP FOR 70% OF STANDARD FEE	PT RESP FOR 70% OF STANDARD FEE	PT RESP FOR 70% OF STANDARD FEE	PT RESP FOR 70% OF STANDARD FEE	PT RESP FOR 70% OF STANDARD FEE	PT RESP FOR 70% OF STANDARD FEE	PT RESP FOR 70% OF STANDARD FEE	PT RESP FOR 70% OF STANDARD FEE	PT RESP FOR 70% OF STANDARD FEE	THIS IS A DISCOUNT PLAN. PATIENTS ARE GIVEN 30% DISCOUNT OF THE STANDARD FEE.
NALC *NATIONAL ASSOCIATION OF LETTERS CARRIERS PPO NETWORK	ELIGIBILITY MUST BE VERIFIED BY PHONE		DOCTORS REFERRAL NEEDED	NEED TO CALL INS & VERIFY IF AUTH NEEDED	NEED TO CALL INS & VERIFY IF AUTH NEEDED	NEED TO CALL INS & VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	NO	NEED TO CALL INS & VERIFY IF AUTH NEEDED	NEED TO CALL INS & VERIFY IF AUTH NEEDED	CALL TELEPHONE# ON INSURANCE CARD TO VERIFY IF AUTH IS NEEDED.
NATIONAL PREFERRED PROVIDER NETWORK NPPN PPO	ELIGIBILITY MUST BE VERIFIED BY PHONE		DOCTORS REFERRAL NEEDED	NEED TO CALL INS & VERIFY IF AUTH NEEDED	FOR ALL MRIS & MRAS CALL INS.CO (SEE COMMENTS)	FOR ALL CT'S CALL INS.CO (SEE COMMENTS)	NO	NO	NO	NO	NO	NO	FOR CARDIOLY TE & STRESS THALLIUM S & CALL INS.CO (SEE COMMENT S)	NEED TO CALL INS & VERIFY IF AUTH NEEDED	FOR COVERAGE VERIFICATION AND PRE-CERTIFICATION CALL THE 800 PHONE NUMBER ON EACH EMPLOYEE IDENTIFICATION CARD. NPPN HAS DIFFERENT EMPLOYERS CONTRACTS, THEREFORE REQUIREMENTS MAY VARY. IF YOU HAVE A PROBLEM VERIFYNG INFORMATION, CALL NPPN AT 800- 557 1656 EXT 40.
NEIGHBORHOOD MEDICAID,FHP,CHP PLANS	ELIGIBILITY MUST BE VERIFIED BY PHONE	www.getnhp.com (NOT AVAILABLE YET FOR ELIG OR CLAIMS STATUS)	DOCTORS REFERRAL NEEDED	YES, PER PROCEDURE	YES, PER PROCEDURE	YES	NO	FOR ROUTINE MAMMO SEE COMMENTS	NO	NO	NO	NO	NO EFF 2/1/2011	NO	FOR AUTH CALL 800-765-3805... NEIGHBORHOOD INSURANCE DONT COVER (ROUTINE)-SCREENING MAMMO FOR PATIENTS UNDER 40 YRS OLD. For elig or claims status call 800-558-7970 Effective 2/1/2011 No authorization is required for Nuclear Medicine Procedures. CPT Codes 78000 – 79999.
NEIGHBORHOOD MEDICARE PLAN ONLY	ELIGIBILITY MUST BE VERIFIED BY PHONE	www.getnhp.com (NOT AVAILABLE YET FOR ELIG OR CLAIMS STATUS)	DOCTORS REFERRAL NEEDED	YES, PER PROCEDURE	YES, PER PROCEDURE	YES	NO	FOR ROUTINE MAMMO SEE COMMENTS	NO	NO	NO	NO	NO EFF 2/1/2011	YES PER PROCEDURE	FOR AUTH CALL 800-765-3805.... NEIGHBORHOOD INSURANCE DONT COVER (ROUTINE)-SCREENING MAMMO FOR PATIENTS UNDER 40 YRS OLD. For elig or claim status call 800-558-7970 Effective 2/1/2011 No authorization is required for Nuclear Medicine Procedures. CPT Codes 78000 – 79999.
NEW ENGLAND WITH ONE HEALTH PLAN LOGO	ELIGIBILITY MUST BE VERIFIED BY PHONE		DOCTOR REFERRAL NEEDED	NEED TO CALL INS & VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NEED TO CALL INS & VERIFY IF AUTH NEEDED	CALL TELEPHONE# ON INSURANCE CARD TO VERIFY IF AUTH IS NEEDED AND ELIGIBILITY

REQUIREMENTS TO BILL INSURANCE COMPANIES 2010															
INSURANCE CO.	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	WEBSITE ADDRESS	REFERRAL REQUIRED	AUTHORIZATION REQUIRED										COMMENTS	
				PET SCAN & PETCT	MRA & MRI	CT SCAN & CT ANGIOGRAPHY	SONO	MAMMO	X-RAYS	VASCULAR STUDIES	ECHO	NUCLEAR MEDICINE & NUCLEAR CARDIOLOGY	BREAST BIOPSY		
NEW ENGLAND WITH MULTIPLAN LOGO	ELIGIBILITY MUST BE VERIFIED BY PHONE		DOCTOR REFERRAL NEEDED	NEED TO CALL INS & VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NEED TO CALL INS & VERIFY IF AUTH NEEDED	CALL TELEPHONE# ON INSURANCE CARD TO VERIFY IF AUTH IS NEEDED AND ELIGIBILITY
NY LAW DEPARTMENT WC	AUTH LETTER NEEDED		AUTH LETTER NEEDED	AUTH LETTER NEEDED FROM ATLANTIC IMAGING AND NYC LAW DEPARTMENT FOR ALL TESTS EXCEPT FOR SHOULDER, KNEE, CERVICAL, LUMBAR AND THORACIC SPINE. FOR ALL CLAIMS FOR NYC LAW DEPARTMENT MUST BE BILLED TO ATLANTIC IMAGING											
NORTH AMERICAN PLANS (QUALCARE LOGO)	ELIGIBILITY BY CALLING 800-397-2122		DOCTOR REFERRAL NEEDED	YES, CALL INS AT 800-397-2122	YES, CALL INS AT 800-397-2122	YES, CALL INS AT 800-397-2122	NO	NO	NO	NO		YES, CALL INS AT 800-397-2122	YES, CALL INS AT 800-397-2122	ELIGIBILITY AND AUTHORIZATION REQUIREMENT BY CALLING 800-397-2122	
NO-FAULT	COLLECT COMPLETE NF AUTO INSURANCE INF/SEE COMMENTS		DOCTORS REFERRAL AND LETTER OF MED. NECESSITY NEEDED	PET SCAN ARE NOT ORDER FOR NF	NO	NO	NO	NO	NO	NO	NO	NO	NO	NEEDS NO FAULT INSURANCE INFORMATION, DOA AND CLAIM#	
NY PRESBYTERIAN COMMUNITY HEALTH PLAN* (UT INS COV CODE "NW")	ELIGIBILITY MUST BE VERIFIED BY PHONE		DOCTOR REFERRAL NEEDED		NO	NO	NO	NO	NO	NO	NO	NO	NO	THEY HAVE THREE PRODUCT. CHILD HEALTH PLUS, FAMILY HEALTH PLUS, AND MEDICAID plan. CLAIM & ELIGIBILITY PH# 1-888-275-0929 FOR AUTHORIZATION CALL 1-866-826-6653 EFF 4/1/2009 NY PRESBYTERIAN COMMUNITY HEALTH MEMBERS INSURANCE COVERAGE CODE "NW" WILL BE TRANSFERRED TO NEIGHBORHOOD HEALTH PLAN...FOLLOW GUIDELINES UNDER NEIGHBORHOOD HEALTH PLAN.... NY PRESBYTERIAN SELECT HEALTH PLAN CONTINUES TO BE PROCESS BY NY PRESBYTERIAN INSURANCE COVERAGE CODE "OG"	
NY PRESBYTERIAN SYSTEM SELECT HEALTH PLAN* (UT INS COV CODE "OG")	ELIGIBILITY MUST BE VERIFIED BY PHONE		DOCTOR REFERRAL NEEDED		NO	NO	NO	NO	NO	NO	NO	NO	NO	THIS IS A HIV SPECIAL NEEDS PLAN. CLAIM & ELIGIBILITY PH# 1-888-275-0929 FOR AUTHORIZATION CALL 1-888-364-6066 NO COPAY REQUIRED	

REQUIREMENTS TO BILL INSURANCE COMPANIES 2010																
INSURANCE CO.	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	WEBSITE ADDRESS	REFERRAL REQUIRED	AUTHORIZATION REQUIRED										COMMENTS		
				PET SCAN & PETCT	MRA & MRI	CT SCAN & CT ANGIOGRAPHY	SONO	MAMMO	X-RAYS	VASCULAR STUDIES	ECHO	NUCLEAR MEDICINE & NUCLEAR CARDIOLOGY	BREAST BIOPSY			
OXFORD (CARE CORE) <u>FREEDOM / LIBERTY</u> <u>HMO /& SECURE</u> <u>HORIZON -</u> <u>MEDICARE</u> <u>COMPLETE</u> (OXF MEDICARE ADVANTAGE-NEW LOGO SECURE HORIZON) AUTHORIZATION NEEDED FOR PRI & SEC	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	FOR ELIGIBILITY WWW.OXFORDHEALTH.COM FOR AUTH WWW.CARECORE.NATIONAL.COM	DOCTOR REFERRAL NEEDED	YES	YES, ALL MRIs & MRAs AND GADOLINIUM INJECTION	YES, ALL CT's EXCEPT DEXA	OB SONO 76801,76802, 76805,76810 76811, 76812,76817 76819,76820,76821, 76825, 76826,76827 AFTER THE FOURTH & SUBSEQUENT ONE PERFORMED	NO	NO	NO	NO	NO	NO	YES, ALL NUCLEAR MEDICINE NEED PRE- CERT FOR CADIOLIT E TEST NEED PRE- CERT FOR 78465, 78478 & 78480.	NO AUTH IS NEEDED	CALL CARECORE FOR AUTH AT 877-773-2884. THE REFERRING PHYSICIAN MUST OBTAIN THE PRE-CERTIFICATION. IF PATIENT IS HAVING MORE THAN ONE TEST THAT NEED PRE-CERT ON THE SAME DAY, PLEASE GET AUTH FOR EACH ONE.(PRE-CERT ARE GOOD FOR 45 DAYS ONLY. NO REFERRAL NEEDED FOR 90000 SERIES EFF 1/1/2012 - OXFORD MEDICARE PLANS ARE TRANSITIONED TO UNITED HEALTHCARE. ALL CLAIMS ARE PROCESSED BY UHC. TO CHECK CLAIMS AND ELIG CALL UHC OR LOG ON TO WWW.UNITEDHEALTHCAREONLINE.COM. AUTH REQUIREMENTS DEPENDS ON PATIENT PLANS. CALL TEL# ON BACK OF INS CARD TO CONFIRM AUTH FOR MRI, MRA, CT, CTA, PET, NUCLEAR MED AND NUCLEAR CARDIOLOGY STUDIES.
OXFORD * <u>CMO</u> <u>MONTEFIORE</u> NETWORK IPA (MEDICARE ADVANTAGE PLAN)	ELIGIBILITY MUST BE VERIFIED BY PHONE	FOR ELIGIBILITY WWW.OXFORDHEALTH.COM	DOCTOR REFERRAL NEEDED	YES, BY CALLING 866-666-8388	YES, BY CALLING 866- 666-8388	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL TELEPHONE# ON INSURANCE CARD	
OXFORD <u>FIRST HEALTH</u> LOGO CARDS	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	FOR ELIGIBILITY WWW.OXFORDHEALTH.COM	DOCTOR REFERRAL NEEDED	YES, DEPENDS ON MEMBER PLAN,SEE COMMENTS	YES, DEPENDS ON MEMBER PLAN,SEE COMMENTS	YES, DEPENDS ON MEMBER PLAN,SEE COMMENTS	YES, DEPENDS ON MEMBER PLAN,SEE COMMENTS	YES, DEPENDS ON MEMBER PLAN,SEE COMMENTS	YES, DEPENDS ON MEMBER PLAN,SEE COMMENTS	YES, DEPENDS ON MEMBER PLAN,SEE COMMENTS	YES, DEPENDS ON MEMBER PLAN,SEE COMMENTS	YES, DEPENDS ON MEMBER PLAN,SEE COMMENTS	YES, DEPENDS ON MEMBER PLAN,SEE COMMENTS	YES, DEPENDS ON MEMBER PLAN,SEE COMMENTS	YES, AUTHORIZATION IS NEEDED AND <u>DEPENDS ON TYPE OF PLAN. NEED TO CALL 1-800-666-1353 FOR ALL PATIENTS.</u>	
ONE CALL MEDICAL WC	ELIGIBILITY MUST BE VERIFIED BY PHONE		AUTH LETTER NEEDED/CPT CODE MUST MATCH	AUTH LETTER NEEDED/CPT CODE MUST MATCH	AUTH LETTER NEEDED/CPT CODE MUST MATCH	AUTH LETTER NEEDED/CPT CODE MUST MATCH	AUTH LETTER NEEDED/CPT CODE MUST MATCH	AUTH LETTER NEEDED/ CPT CODE MUST MATCH	AUTH LETTER NEEDED/ CPT CODE MUST MATCH	AUTH LETTER NEEDED/ CPT CODE MUST MATCH	AUTH LETTER NEEDED/ CPT CODE MUST MATCH	AUTH LETTER NEEDED/ CPT CODE MUST MATCH	AUTH LETTER NEEDED/C PT CODE MUST MATCH	AUTH LETTER NEEDED/C PT CODE MUST MATCH	WE ARE CONTRACTED WITH ONE CALL MEDICAL FOR WORKERS COMPENSATION CASES. ONE CALL MEDICAL 800-872-2875	

REQUIREMENTS TO BILL INSURANCE COMPANIES 2010															
INSURANCE CO.	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	WEBSITE ADDRESS	REFERRAL REQUIRED	AUTHORIZATION REQUIRED										COMMENTS	
				PET SCAN & PETCT	MRA & MRI	CT SCAN & CT ANGIOGRAPHY	SONO	MAMMO	X-RAYS	VASCULAR STUDIES	ECHO	NUCLEAR MEDICINE & NUCLEAR CARDIOLOGY	BREAST BIOPSY		
PARTNER ADMINISTRATIVE SERVICES PPO / formerly Lawrence Healthcare	ELIGIBILITY MUST BE VERIFIED BY PHONE		DOCTORS REFERRAL NEEDED	NEED TO CALL INS & VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NEED TO CALL INS & VERIFY IF AUTH NEEDED	CALL TELEPHONE# ON INSURANCE CARD
PEQUOT (PHCS)	ELIGIBILITY MUST BE VERIFIED BY PHONE		DOCTORS REFERRAL NEEDED	YES	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	INSURANCE PHONE # 888-779-6872
PERFECT HEALTH PLAN (PHCS)	ELIGIBILITY MUST BE VERIFIED BY PHONE		DOCTORS REFERRAL NEEDED	YES	YES	YES	NO	NO	NO	NO	NO	YES	YES	EFF 12/31/2009 PERFECT HEALTH PLAN MERGED WITH GHI. ALL CLAIMS MUST BE SEND TO GHI FOR PROSCCESSING. MUST CHECK ELIG ON GHI WEBSITE. AUTH NEEDED FROM CARECORE. MUST FOLLOW GHI GUIDELINES.	
PHCS LOGO (ALL INSURANCE CARDS)	ELIGIBILITY MUST BE VERIFIED BY PHONE		DOCTORS REFERRAL NEEDED	NEED TO CALL INS & VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NEED TO CALL INS & VERIFY IF AUTH NEEDED	CALL INSURANCE COMPANY (TO FIND OUT IF THE MEMBER IS RESPONSIBLE FOR ANY CO-INSURANCE,COPAYMENT OR DEDUCTIBLE).	
PREFERRED HEALTH (FORMERLY KNOWN AS BEDFORD) SEE COMMENTS FOR REF		WWW.HIPUSA.COM	CENTRAL BROOKLYN MEDICAL GROUP REFERRAL NEEDED EXCEPT FOR MAMMO SCREENING SEE COMMENTS FOR REF FOR SCREENING MAMMO & BREAST SONO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	IF PATIENT HAD A MAMMO PREVIOUSLY & IS COMING AGAIN FOR A BREAST SONO NO REF IS NEEDED** PATIENT WILL BE COMING WITH BROOKLYN CENTRAL REF & WILL HAVE HIP INSURANCE CARD HIP PREFERRED HEALTH PARTNERS WAS FORMERLY KNOWN AS BEDFORD - BEDFORD IS EXEMPT FROM CARECORE - MUST HAVE BEDFORD REF WITH PROPER AUTHORIZATION FOR CPT CODES	
PREMIER CLUB BENEFITS (PHCS)	ELIGIBILITY BY CALLING 1-888-532-3467		DOCTOR REFERRAL NEEDED	NEED TO CALL INS & VERIFY IF AUTH NEEDED BY CALLING 800-874-2378	NEED TO CALL INS & VERIFY IF AUTH NEEDED BY CALLING 800-874-2378	NEED TO CALL INS & VERIFY IF AUTH NEEDED BY CALLING 800-874-2378	NO	NO	NO	NO	NO	NEED TO CALL INS & VERIFY IF AUTH NEEDED BY CALLING 800-874-2378	NEED TO CALL INS & VERIFY IF AUTH NEEDED BY CALLING 800-874-2378	ELIGIBILITY BY CALLING 1-888-532-3467	
PROFESSIONAL DIAGNOSTIC MANAGEMENT (PDM) WC	N/A		PDM REFERRAL NEEDED	PDM REFERRAL NEEDED	PDM REFERRAL NEEDED	PDM REFERRAL NEEDED	PDM REFERRAL NEEDED	PDM REFERRAL NEEDED	PDM REFERRAL NEEDED	PDM REFERRAL NEEDED	PDM REFERRAL NEEDED	PDM REFERRAL NEEDED	PDM REFERRAL NEEDED	(PHONE 916-782-2200)(FAX 916-782-2211)	

REQUIREMENTS TO BILL INSURANCE COMPANIES 2010															
INSURANCE CO.	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	WEBSITE ADDRESS	REFERRAL REQUIRED	AUTHORIZATION REQUIRED										COMMENTS	
				PET SCAN & PETCT	MRA & MRI	CT SCAN & CT ANGIOGRAPHY	SONO	MAMMO	X-RAYS	VASCULAR STUDIES	ECHO	NUCLEAR MEDICINE & NUCLEAR CARDIOLOGY	BREAST BIOPSY		
PRN PRIMARY RESOURCE NETWORK	ELIGIBILITY MUST BE VERIFIED BY PHONE		PRN CONFIRMATION/AUTH FORM	NEED TO CALL INS & VERIFY IF AUTH NEEDED	PRN CONFIRMATION FORM	PRN CONFIRMATION FORM	PRN CONFIRMATION FORM	PRN CONFIRMATION FORM	PRN CONFIRMATION FORM	PRN CONFIRMATION FORM	PRN CONFIRMATION FORM	PRN CONFIRMATION FORM	PRN CONFIRMATION FORM	PRN CONFIRMATION FORM	CALL PRN REPRESENTATIVE AT (212) 631-0630 TO GET THE CONFIRMATION FORM FAX TO DOSHI. THIS WILL SERVE AS AUTHORIZATION.
QUALITY HEALTH PLAN	ELIGIBILITY MUST BE VERIFIED BY PHONE		DOCTOR REFERRAL REQUIRED	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	ALL PROCEDURES REQUIRES AUTHORIZATION. THE REFERRING PHYSICIAN MUST REQUEST AUTH PRIOR TO DATE OF SERVICE. IF PROCEDURE NOT AUTHORIZED BY INSURANCE COMPANY, CLAIM WILL NOT BE PAID. MUST CALL TELEPHONE # ON INSURANCE CARD TO VERIFY ELIGIBILITY AND COPAYMENT
RAYTEL IMAGING NETWORK	ELIGIBILITY MUST BE VERIFIED BY PHONE		NEED RAYTEL IMAG. REFERRAL	NEED TO CALL INS & VERIFY IF AUTH NEEDED	NEED RAYTEL IMAG. REFERRAL	NEED RAYTEL IMAG. REFERRAL	NEED RAYTEL IMAG. REFERRAL	NEED RAYTEL IMAG. REFERRAL	NEED RAYTEL IMAG. REFERRAL	NEED RAYTEL IMAG. REFERRAL	NEED RAYTEL IMAG. REFERRAL	NEED RAYTEL IMAG. REFERRAL	NEED RAYTEL IMAG. REFERRAL	NEED TO CALL INS & VERIFY IF AUTH NEEDED	RAYTEL MUST BE BILLED DIRECTLY FOR ANY PAT THAT THEY REFER TO US, REGARDLESS OF THE PAT'S INSURANCE OR IF WC CASE.. NEED RAYTEL AUTHORIZATION REFERRAL.
SEAFARERS HEALTH & BENEFIT PLAN	ELIGIBILITY MUST BE VERIFIED BY PHONE			NEED TO CALL INS & VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NEED TO CALL INS & VERIFY IF AUTH NEEDED	CALL TELEPHONE# ON INSURANCE CARD
SELECT MRI (WC) - NAME CHANGE TO NEXT IMAGE MEDICAL. SELECT MRI			DOCTOR REFERRAL NEEDED	SELECT MRI PATIENT CONFIRMATION LETTER NEEDED	SELECT MRI PATIENT CONFIRMATION LETTER NEEDED	SELECT MRI PATIENT CONFIRMATION LETTER NEEDED	SELECT MRI PATIENT CONFIRMATION LETTER NEEDED	SELECT MRI PATIENT CONFIRMATION LETTER NEEDED	SELECT MRI PATIENT CONFIRMATION LETTER NEEDED	SELECT MRI PATIENT CONFIRMATION LETTER NEEDED	SELECT MRI PATIENT CONFIRMATION LETTER NEEDED	SELECT MRI PATIENT CONFIRMATION LETTER NEEDED	SELECT MRI PATIENT CONFIRMATION LETTER NEEDED	SELECT MRI PATIENT CONFIRMATION LETTER NEEDED	WE ARE CONTRACTED WITH SELECT MRI FOR WORKERS COMPENSATION CASES. AUTHORIZATION LETTER IS REQUIRED. NAME CHANGE TO NEXT IMAGE MEDICAL SELECT MRI
SCREEN ACTORS GUILD-PRODUCERS HEALTH PLAN (PHCS) SAG	ELIGIBILITY MUST BE VERIFIED BY PHONE		DOCTOR REFERRAL NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	SAG 800-777-4013- 818-954-9400
SPREEMO MEDICAL LLC	ELIGIBILITY MUST BE VERIFIED BY PHONE		AUTH LETTER NEEDED/CPT CODE MUST MATCH	AUTH LETTER NEEDED/CPT CODE MUST MATCH	AUTH LETTER NEEDED/CPT CODE MUST MATCH	AUTH LETTER NEEDED/CPT CODE MUST MATCH	AUTH LETTER NEEDED/CPT CODE MUST MATCH	AUTH LETTER NEEDED/CPT CODE MUST MATCH	AUTH LETTER NEEDED/CPT CODE MUST MATCH	AUTH LETTER NEEDED/CPT CODE MUST MATCH	AUTH LETTER NEEDED/CPT CODE MUST MATCH	AUTH LETTER NEEDED/CPT CODE MUST MATCH	AUTH LETTER NEEDED/CPT CODE MUST MATCH	AUTH LETTER NEEDED/CPT CODE MUST MATCH	We are contracted to do all procedures. We need authorization letter and each procedure performed must be authorized by the carrier.Spremo Medical contact # 201-289-5764.Spremo Medical must be contacted if patient reschedule their appointment, service cannot be performed due to clinical or non clinical reason, test ordered by the referring doctor does not match Spremo auth letter and/or if additional tests are required other than what is ordered.
STATE INSURANCE FUND... (WC)	ELIGIBILITY MUST BE VERIFIED BY PHONE		AUTH LETTER NEEDED	AUTH LETTER NEEDED FROM ATLANTIC IMAGING FOR ALL TESTS.										WE ARE CONTRACTED WITH ATLANTIC IMAGING BUT IF PATIENT IS NOT SCHEDULE THROUGH ATLANTIC IMAGING, WE NEED TO BILL STATE INSURANCE FUND DIRECT.	

REQUIREMENTS TO BILL INSURANCE COMPANIES 2010															
INSURANCE CO.	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	WEBSITE ADDRESS	REFERRAL REQUIRED	AUTHORIZATION REQUIRED										COMMENTS	
				PET SCAN & PETCT	MRA & MRI	CT SCAN & CT ANGIOGRAPHY	SONO	MAMMO	X-RAYS	VASCULAR STUDIES	ECHO	NUCLEAR MEDICINE & NUCLEAR CARDIOLOGY	BREAST BIOPSY		
TODAY'S OPTIONS - AMERICAN PROGRESSIVE LIFE/HEALTH INS.	ELIGIBILITY MUST BE VERIFIED BY PHONE		DOCTOR REFERRAL NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	THIS IS A MEDICARE PRIVATE FEE FOR SERVICE PLAN. AMERICAN PROGRESSIVE LIFE/HEALTH INS. MEDICARE REPLACEMENT.
TECH-HEALTH INC	ELIGIBILITY MUST BE VERIFIED BY PHONE		TECH HEALTH AUTH LETTER NEEDED	NEED TO CALL INS & VERIFY IF AUTH NEEDED	AUTH LETTER NEEDED	AUTH LETTER NEEDED	AUTH LETTER NEEDED	AUTH LETTER NEEDED	AUTH LETTER NEEDED	AUTH LETTER NEEDED	AUTH LETTER NEEDED	AUTH LETTER NEEDED	AUTH LETTER NEEDED	AUTH LETTER NEEDED	WE ARE CONTRACTED WITH TECH HEALTH FOR WORKERS COMPENSATION CASES. AUTHORIZATION LETTER IS REQUIRED.
TRICARE (US ARMY) HEALTH NET FEDERAL SERVICES	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	WWW.MYTRICARE.COM	DOCTORS REFERRAL NEEDED	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL FOR AUTHO FOR MRA'S & MRI'S & PET SCAN 877-874-2273
TRUSTMARK LIFE INSURANCE PPO	CHECK ELIG BY CALLING 888-693-3211	www.medsolutions.com	DOCTORS REFERRAL NEEDED	YES, THRU MED SOLUTION BY CALLING 888-693-3211	YES, THRU MED SOLUTION BY CALLING 888-693-3211	YES, THRU MED SOLUTION BY CALLING 888-693-3211	NO	NO	NO	NO	NO	NO	NO	NO	Pet Scans, Mra;s ,Mrs, & CT's need auth from Med Solutions 888-693-3211
TOUCHSTONE HEALTH TRANSITIONED TO HEALTHCARE PARTNERS ON OCT 1, 2010	ELIGIBILITY MUST BE VERIFIED BY PHONE		DOCTORS REFERRAL NEEDED	YES, BY CALLING CARE TO CARE 888-324-9891	YES, BY CALLING CARE TO CARE 888-324-9891	YES, ALL CT'S BY CALLING CARE TO CARE 888-324-9891	NO	NO	NO	NO	NO	NO	NO	NO	<p>EFF DOS 7/1/2011 ALL TOUCHSTONE CLAIMS ARE PROCESS BY CARETOCARE EXCEPT FOR 90000 SERIES GOES TO HEALTHCARE PARTNERS.</p> <p>AUTH NEEDED FROM CARETOCARE FOR MRI,MRA,CT,CTA, PETSCAN AND NUCLEAR CARDIOLOGY STUDY (7/1/2011) FROM CARETOCARE.</p> <p>ALL 90000 SERIES REQUIRES AUTH FROM HEALTHCARE PARTNERS.</p> <p>AUTH NEEDED WHEN TOUCHSTONE HEALTH IS PRIMARY AND SECONDARY INS.*AUTH MUST MATCH PROCEDURE PERFORMED**MUST CALL CARE TO CARE TELEPHONE # 888-324-9891 TO VERIFY CPT AUTHORIZED BEFORE PERFORMING OR CHECK CARETOCARE WEBSITE AT https://careportal.caretocare.com. INSURANCE WILL NOT PAY IF AUTH DOES NOT MATCH CPT DONE.</p> <p>FAX# 800-338-4195*****</p>
UNICARE (BEECH STREET CORP)	ELIGIBILITY MUST BE VERIFIED BY PHONE		DOCTORS REFERRAL NEEDED	NEED TO CALL INS & VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NEED TO CALL INS & VERIFY IF AUTH NEEDED	CALL TELEPHONE# ON INSURANCE CARD
UNITED FURNITURE WORKERS INSURANCE FUND -LOCAL 102	ELIGIBILITY MUST BE VERIFIED BY PHONE		DOCTORS REFERRAL NEEDED	NEED TO CALL INS & VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NEED TO CALL INS & VERIFY IF AUTH NEEDED	615-889-8860

REQUIREMENTS TO BILL INSURANCE COMPANIES 2010															
INSURANCE CO.	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	WEBSITE ADDRESS	REFERRAL REQUIRED	AUTHORIZATION REQUIRED										COMMENTS	
				PET SCAN & PETCT	MRA & MRI	CT SCAN & CT ANGIOGRAPHY	SONO	MAMMO	X-RAYS	VASCULAR STUDIES	ECHO	NUCLEAR MEDICINE & NUCLEAR RADIOLOGY	BREAST BIOPSY		
UNITED HEALTH CARE -EMPIRE PLAN (DIV OF UHC PPO & NYSHIP)	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	WWW.UNITEDHEALTHCAREONLINE.COM	DOCTORS REFERRAL NEEDED ALSO COLLECT \$20 COPAY	YES	YES	YES	NO	NO	NO	NO	NO	NO	YES	NO	AUTH NEEDED FOR PETSCAN, MRI, MRA, CTS NUCLEAR RADIOLOGY AND NUCLEAR MEDICINE. IF TEST DONE WITHOUT PRIOR AUTHORIZATION, PT IS RESPONSIBLE FOR \$ 200.00 PENALTY PER EACH PROCEDURE. PCP SHOULD GET THE AUTH BY CALLING 877-769 7447 GO TO WWW.UNITEDHEALTHCAREONLINE.COM TO VERIFY COPAYMENT AND ELIG. EMPIRE PLAN MEMBER HAS \$20.00 COPAYS.
UNITED HEALTH CARE PPO (ONLY)	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	WWW.UNITEDHEALTHCAREONLINE.COM	DOCTORS REFERRAL NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	FOR UNITED HEALTHCARE PPO PLAN (AUTHORIZATION IS NOT NEEDED) --. FOR ANY QUESTIONS ABOUT THE PPO PLAN CALL PROVIDER RELATIONS AT 800-638-8075
UNITED HEALTH CARE EPO-POS-NPP & BENESIGHT	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	WWW.UNITEDHEALTHCAREONLINE.COM	DOCTORS REFERRAL NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL TELEPHONE# ON INSURANCE CARD
UNITED HEALTH CARE CHOICE & SELECT PLANS	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	WWW.UNITEDHEALTHCAREONLINE.COM	DOCTORS REFERRAL NEEDED	YES	YES	YES	NO	NO	NO	NO	NO	NO	YES	CALL INSURANCE TO VERIFY	EFF. FEBRUARY 15, 2010 AUTHORIZATION IS NEEDED FOR CT/CTA, MRI/MRA, PETSCANS, NUCLEAR MEDICINE AND NUCLEAR RADIOLOGY. PRODUCTS REQUIRE AUTHS ARE CHOICE, CHOICE PLUS, DEFINITY HRA/HSA, SELECT AND SELECT PLUS. GOVERNMENT BENEFIT PLANS FOR MEDICARE AND MEDICAID, OPTIONS PPO AND UHC INDEMNITY PLANS DOES NOT REQUIRE AUTHORIZATION. TO VERIFY AUTH, LOG ON TO WWW.UNITEDHEALTHCAREONLINE.COM > CLINICIAN RESOURCES > RADIOLOGY > RADIOLOGY NOTIFICATION OR CALL 866-889-8054 7 AM TO 7 PM MONDAY - FRIDAY.
UNITED HEALTHCARE DIRECT FOR PASSPORT PLANS Medicare Plan Only / SECURE HORIZON LOGO)	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	WWW.UNITEDHEALTHCAREONLINE.COM	DOCTOR REFERRAL NEEDED	YES	YES	YES	NO	NO	NO	NO	NO	NO	YES	CALL INSURANCE TO VERIFY	EFF. JUNE 7 2010, AUTH NEEDED FROM UNITED HEALTHCARE FOR THE FOLLOWING PLANS - AARP MEDICARE COMPLETE , SECURE HORIZONS MEDICARE COMPLETE, UNITED HEALTHCARE MEDICARE COMPLETE , EVERCARE PLANS. GO TO WWW.UNITEDHEALTHCAREONLINE.COM > CLINICIAN RESOURCES > RADIOLOGY > RADIOLOGY NOTIFICATION OR CALL Phone 866-889-8054 7 AM TO 7 PM MONDAY - FRIDAY TO OBTAIN AUTH EFF 1/1/2012 - UNITED HEALTHCARE CHANGE ALL MEDICARE PLANS SUCH AS SECURE HORIZONS, EVERCARE AND MEDICARE COMPLETE ID CARDS TO SHOW UHC NAME AND LOGO.
UNITED HEALTHCARE MEDICAID*CHP*FHP PLANS** SECURE HORIZON LOGO	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	WWW.AMERICHoice.COM	DOCTOR REFERRAL NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL TELEPHONE# ON INSURANCE CARD AUTH NOT NEEDED FOR SECURE HORIZON AND EVERCARE MEMBERS EFF 1/1/2012 - UNITED HEALTHCARE CHANGE ALL MEDICARE PLANS SUCH AS SECURE HORIZONS, EVERCARE AND MEDICARE COMPLETE ID CARDS TO SHOW UHC NAME AND LOGO.
UNITED HEALTH CARE AARP (MEDICARE SUPPLEMENT)	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	WWW.UNITEDHEALTHCAREONLINE.COM	DOCTOR REFERRAL NEEDED	MEDICARE SUPPLEMENT										CALL TELEPHONE# ON INSURANCE CARD	
US DEPARTMENT OF LABOR (WC)	AUTH LETTER NEEDED		DOCTOR REFERRAL NEEDED	YES FOR PROCEDURES OVER \$1000	YES FOR PROCEDURES OVER \$1000	YES FOR PROCEDURES OVER \$1000	YES FOR PROCEDURES OVER \$1000	YES FOR PROCEDURES OVER \$1000	YES FOR PROCEDURES OVER \$1000	YES FOR PROCEDURES OVER \$1000	YES FOR PROCEDURES OVER \$1000	YES FOR PROCEDURES OVER \$1000	YES FOR PROCEDURES OVER \$1000	YES FOR PROCEDURES OVER \$1000	WE NEED TO BILL DIRECT UNLESS PATIENT IS SCHEDULE THROUGH A MANAGED CARE CARRIER THEN WE NEED TO BILL THE MANAGED CARE.

REQUIREMENTS TO BILL INSURANCE COMPANIES 2010															
INSURANCE CO.	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	WEBSITE ADDRESS	REFERRAL REQUIRED	AUTHORIZATION REQUIRED										COMMENTS	
				PET SCAN & PETCT	MRA & MRI	CT SCAN & CT ANGIOGRAPHY	SONO	MAMMO	X-RAYS	VASCULAR STUDIES	ECHO	NUCLEAR MEDICINE & NUCLEAR CARDIOLOGY	BREAST BIOPSY		
US IMAGING	AUTH LETTER NEEDED		NEEDS AUTH LETTER FROM US IMAGING FOR ALL TESTS	AUTH LETTER NEEDED	AUTH LETTER NEEDED	AUTH LETTER NEEDED	AUTH LETTER NEEDED	AUTH LETTER NEEDED	AUTH LETTER NEEDED	AUTH LETTER NEEDED	AUTH LETTER NEEDED	AUTH LETTER NEEDED	AUTH LETTER NEEDED	AUTH LETTER NEEDED	WE HAVE A CONTRACT WITH US IMAGING FOR ALL MODALITIES. US IMAGING WILL CALL AND SCHEDULE THE PATIENT WITH DOSHI. ONCE THE APPOINTMENT IS CONFIRMED, US IMAGING WILL FAX AN AUTHORIZATION LETTER TO OUR FACILITY. NO PRECERTIFICATION IS REQUIRED FOR ANY TEST BUT WE MUST HAVE THE AUTH LETTER.
US HEALTH GROUP ONE CALL MEDICAL	ELIGIBILITY MUST BE VERIFIED BY PHONE	CALL ONE CALL TO VERIFY ELIG AND BENEFITS # 888-458-8746	NEEDS AUTH LETTER FROM ONE CALL MEDICAL FOR CT, MRI AND PETSCAN	NEEDS AUTH LETTER FROM ONE CALL MEDICAL	NEEDS AUTH LETTER FROM ONE CALL MEDICAL	NEEDS AUTH LETTER FROM ONE CALL MEDICAL	CALL TEL# ON CARD TO VERIFY	CALL TEL# ON CARD TO VERIFY	CALL TEL# ON CARD TO VERIFY	CALL TEL# ON CARD TO VERIFY	CALL TEL# ON CARD TO VERIFY	CALL TEL# ON CARD TO VERIFY	CALL TEL# ON CARD TO VERIFY	CALL TEL# ON CARD TO VERIFY	ALL PETSCANS, CT AND MRI REQUIRES AUTHORIZATION FROM ONE CALL MEDICAL. ONE CALL WILL SCHEDULE PATIENTS THEN FAX OVER AUTH LETTER.FOR NO SHOWS, CANCELLATIONS, RESCHULES, AUTH LETTER NOT RECEIVED AND PROCEDURE DIFFERENT ON DR.PRESCRIPTION, PLEASE NOTIFY ONE CALL MEDICAL. AFTER COMPLETION OF PROCEDURE, FAX MEDICAL REPORTS TO OCM FAX# 973-257-0044.
USI ADMINISTRATOR	ELIGILITY MUST BE VERIFIED BY PHONE		DOCTORS REFERRAL NEEDED	NEED TO CALL INS & VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NEED TO CALL INS & VERIFY IF AUTH NEEDED	CALL TELEPHONE# ON INSURANCE CARD

REQUIREMENTS TO BILL INSURANCE COMPANIES 2010															
INSURANCE CO.	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	WEBSITE ADDRESS	REFERRAL REQUIRED	AUTHORIZATION REQUIRED										COMMENTS	
				PET SCAN & PETCT	MRA & MRI	CT SCAN & CT ANGIOGRAPHY	SONO	MAMMO	X-RAYS	VASCULAR STUDIES	ECHO	NUCLEAR MEDICINE & NUCLEAR CARDIOLOGY	BREAST BIOPSY		
VIDACARE - NAME CHANGE TO AMIDA CARE	ELIGILITY MUST BE VERIFIED BY PHONE		VIDACARE INSURANCE REFERRAL REQUIRED FOR ALL STUDIES EXCEPT FOR THOSE THAT REQ.PRE-AUTH.	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	NEEDS INSURANCE REFERRAL FOR ALL PROCEDURES EXCEPT FOR THOSE THAT REQUIRES AUTHORIZATION. FOR AUTHORIZATION, CALL 888-364-6061	
VNS-CHOICE SELECT VISITING NURSE SERVICE OF NY/ medicare HMO	ELIGILITY MUST BE VERIFIED BY PHONE/ 866-783-0222		DOCTORS REFERRAL NEEDED	YES	YES	YES	NO	NO	NO	NO	NO	NO	YES	NO	THIS IS A MEDICAR HMO/ REPLACES MEDICARE... FOR AUTHORIZATIONS CALL 1-866-791-2215
VYTRA HEALTH (FORMERLY CHOICE CARE)	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	WWW.VYTRA.COM	DOCTORS REFERRAL NEEDED	YES	YES, MRA'S ONLY. SEE COMMENTS FOR MRI'S	NO	NO	NO	NO	NO	NO	NO	NO	NEED TO CALL INS & VERIFY IF AUTH NEEDED AUTH IS NEEDED FOR ALL MRA'S . AUTH IS NEEDED FOR MRIS ONLY IF THE PAT IS HAVING ANAESTHESIA . FOR AUTHORIZATION CALL - 888-288-9872 VYTRA MEDICARE MEMBERS ARE RESPONSABLE FOR \$10.00 CO-PAY	
VYTRA - EAST END HEALTH PLAN (EEHP)	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	WWW.VYTRA.COM	DOCTOR REFERRAL NEEDED	CALL HICKSVILLE	YES, MRA'S ONLY. SEE COMMENTS FOR MRI'S	NO	NO	NO	NO	NO	NO	NO	NO	CALL HICKSVILLE NEED AUTH FOR ALL MRA'S. AUTH ALSO NEEDED FOR MRI'S ONLY IF THE PAT IS HAVING ANAESTHESIA. THIS PLAN PROVIDES IN-NETWORK BENEFITS <u>RADIOLOGY CO-PAY AS INDICATED ON ID CARD.</u> FOR AUTH CALL PHONE # 888-288-9872	
WELLCHOICE HMO & ACCESS-HMO EHP PREFIX	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	FOR ELIG www.empireblue.com FOR AUTH WWW.RADMD.COM	DOCTOR REFERRAL NEEDED	YES,	YES	YES	NO	NO	NO	NO	NO	NO	AUTH NEEDED ONLY FOR (NUCLEAR CARDIOLOGY)	NEED TO CALL INS & VERIFY IF AUTH NEEDED WELLCHOICE 1-888- 476-7245	
WELLCARE (CHILD HEALTH PLUS/MEDICAID/FAMILY HEALTH PLUS)	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	WWW.WELLCARE.COM	DOCTOR REFERRAL NEEDED	YES FROM CARECORE	YES FROM CARECORE	YES FROM CARECORE	NO	NO	NO	NO	NO	NO	YES FROM CARECORE	NO	FOR ELIGIBILITY AND CLAIM STATUS CALL 800-288 5441 <u>PATIENT CAN HAVE ONE SCREENING MAMMO EVERY 12 MONTHS.</u> <u>EFF. MARCH 2, 2009 NEEDS AUTHORIZATION FROM CARECORE NATIONAL</u>

REQUIREMENTS TO BILL INSURANCE COMPANIES 2010															
INSURANCE CO.	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	WEBSITE ADDRESS	REFERRAL REQUIRED	AUTHORIZATION REQUIRED										COMMENTS	
				PET SCAN & PETCT	MRA & MRI	CT SCAN & CT ANGIOGRAPHY	SONO	MAMMO	X-RAYS	VASCULAR STUDIES	ECHO	NUCLEAR MEDICINE & NUCLEAR CARDIOLOGY	BREAST BIOPSY		
WELLCARE - MEDICARE PLAN	INSURANCE WEB SITE PRINT OUT ELIGIBILITY FORM	WWW.WELLCARE.COM	DOCTOR REFERRAL NEEDED	YES FROM CARECORE	YES FROM CARECORE	YES FROM CARECORE	NO	NO	NO	NO	NO	NO	YES FROM CARECORE	NO	FOR ELIGIBILITY AND CLAIM STATUS CALL 800-288 5155 /// <u>PATIENT CAN HAVE ONE SCREENING MAMMO EVERY 12 MONTHS.</u> <u>EFF. MARCH 2, 2009 NEEDS AUTHORIZATION FROM CARECORE NATIONAL</u>
WORKERS COMP/ NEED AUTH OVER \$1000. APPOINTMENTS LETTERS ARE NOT AUTH#	ELIGIBILITY MUST BE VERIFIED BY PHONE		DOCTORS REFERRAL NEEDED	YES	YES	YES, IF IT IS OVER \$ 1000 AUTH IS NEEDED (APPOINTMENT LETTER IS NOT THE AUTH.)	NO	NO	NO	NO	NO	NO	NO		GET PAT' S EMPLOYER INFORMATION (PHONE,ADDRESS AND CONTACT PERSON). IF THE DATE OF ACCIDENT IS OLD/ PT SHOULD HAVE INSURANCE INF & CLAIM# AND WCB# . AUTH IS NEEDED FOR ALL PROCEDURES \$1000 & GREATER EXCEPT FOR THIRD PARTY PAYERS/ MANAGED CARE CARRIERS, EACH PROCEDURE REQUIRES AUTHORIZATION. ALSO FOR NYC CIVIL SERVANT EMPLOYEES EX.NYPD, NYFD, DEPT OF SANITATION AUTH IS REQUIRED FROM THE AGENCY'S MEDICAL DEPT. WE MUST VERIFY BEFORE PROCEDURE IS PERFORM SINCE CLAIMS WILL NOT BE PAID WITH AUTH WHEN NEEDED.